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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Clinical Remarks on Autumnal or Malarial Fevers.* By CHAS. A. LEE, M. D., *Professor of Materia Medica and Therapeutics in the Starling Medical College of Columbus.*

To the practitioner resident in the great Mississippi valley, there is no disease of so much interest and importance as malarial fever. In some of its forms or its sequelæ, it presents itself continually to his observation, and through his whole professional career, it makes the chief bulk of his practice. It is the great endemic plague, indigenous to a region, beginning within the tropical zone, and terminating within the polar circle; stretching from the Appalachian on the east, to the Rocky mountains on the west, an area of at least six million of square miles. To the population dwelling within these broad limits, it is the great outlet of human life; poisoning the very fountain of being at its source; and liable to embitter or terminate existence at every period, from infancy to old age. To you then, young gentlemen, who expect to grapple, often, with this protean enemy of our race—whether known as intermittent, bilious, congestive, malarial, miasmatic, malignant, marsh, chill fever, fever and ague, cold plague, dumb ague, or *the fever*, I need make no apology for the remarks I now propose to offer.

However various the names under which this disease may be known, or the species or varieties into which it may have been divided by systematic writers, it is nevertheless a unit—it knows but one cause—*malaria*, although it may present various types and modifications, in different localities, and at different seasons. Your simple intermittent may assume the form of a remittent—it may take on the form of a quotidian, a tertian—it may suddenly exhibit a violent congestive character; it

may again emerge into a mild intermittent; it may be subdued only to appear again in the Spring; under every form and aspect, it is still the same disease, and its sequelæ are the same—diseases of the spleen, the liver, dropsy, rheumatism, cachexias, neuralgia, &c.

With respect to the remote cause of autumnal fever, little need be said. It is now generally believed to be some gaseous exhalation or subtile agent, produced by the decomposition of vegetable, or vegetable and animal matter, although its true chemical nature has not been fully determined. We may legitimately and philosophically infer the existence of certain causes of disease, from the fact that disease prevails under certain circumstances, not well explained, unless we assume that such causes do exist, although we cannot prove their existence in any other way. These agents are strictly non-cognizable, and they include all the endemic, epidemic and infectious causes of disease—we infer their existence from their effects, and it is in this way only, that we can prove the existence of many of the causes that operate upon material bodies, gravitation, attraction, repulsion, &c., &c. To speak then of miasm as an emanation or effluvium, which gives rise to a peculiar form of fever, although regarded by some as a mere hypothesis, seems to me but a generalization of facts, which cannot be explained on any other supposition.

Of the general properties of this malaria, we know something from its morbific effects. For example, we know that heat, moisture and vegetable matter, are necessary to its production: that it is heavier than air; that water seems to absorb it; that a damp state of the atmosphere favors its production; that it is attracted by trees; that much water prevents its developement; that frost destroys it; that fires in a house afford protection, in a measure, to the inmates, &c. Cast your eyes then for a moment over this vast malarial valley, you see that other things being equal, autumnal fevers prevail most where vegetation is most luxuriant, least where organic matter least abounds, whether it co-operates, by furnishing the materials for the manufacture of a poisonous gas, or a nidus for vegetable germs or animalcules, as claimed by some, is immaterial; we are seeking the conditions, essential to the production of these paroxysmal diseases. The farmer, as he first turns up the rich vegetable mould of the prairie, knows very well that he is exhuming the cause of autumnal fever, and he seeks, if possible, to place his dwelling to the windward of his plowed fields. The woodcutter, as he pitches his cabin in the shade of the wide forest, has no fear of sickness, until he makes a clearing, and lets in the rays of the sun. The wild hunter, as he pursues his game in the wilderness,

dreams not of intermittent or remittent, till he approaches the settlements; his security is perfect, while he dwells in the thick forest shades, though exposed to atmospheric vicissitudes of every kind and degree. Look again and you see all through the valley, that along streams and stagnant water-courses, on the margin of small lakes, ponds and swamps, autumnal fevers most prevail; wherever there is surface. Water containing vegetable matter exposed to the sun—there you find fever in its greatest intensity; but as you ascend the hills, or the mountains, where streams run rapidly down their narrow, rock-bound channels; or penetrate the pine barrens of the south, or the dry and parched desert west of the Mississippi, or the extreme north, you meet with no such forms of disease. Some of the conditions essential to its production, are wanting. It is now ascertained that the fever may prevail during the winter, in any place where that season has a mean temperature of 60 degrees Fah. or upwards, as at Tampa Bay or Fort King; and that it will not prevail in any locality, which has not a continuance of more than two months of an average temp. equal to 60 deg. Dr. Drake mentions as a somewhat remarkable fact, that Indian corn, which grows all the year round in the tropical regions, finds the summers too short for the ripening of the grain in nearly the same curve of summer temperature, at which autumnal fever is arrested.*

It is not to be supposed that there are no other co-operating causes, in the production of these miasmatic fevers; here, as in almost any other case of disease, there are predisposing as well as exciting causes to be taken into the account. The system has been prostrated by long continued summer heat, and copious perspiration; the surface of the body has lost its tone, and become unduly relaxed; innervation has become deranged—palsied in a measure—by the protracted stimulation of a high temperature; the circulatory system is correspondingly weakened, and the large internal organs thus predisposed to violent and dangerous congestions. We now require but a slight reduction of the vital force, as by fatigue, exposure to cold or wet, mental anxiety or grief,

*Prof. Bell of the Ohio Med. College, denies the existence of any such agent as malaria, and says that "to speak of miasm as an *effluvium* or *emanation* is pure hypothesis since we cannot, with any show of common logic, speak of the motion of that, of the existance of which, to say nothing of its distinctive properties, we are entirely ignorant." The same argument should lead us to reject the existence of any such cause as gravitation. Again, Prof. Bell remarks that "if due attention be paid to an avoidance of the extremes and vicissitudes of the known and appreciable conditions of the atmosphere, such as great heat by day and coolness and dews by night, to a proper protection by lodging and clothing, a substantial and well regulated diet, including wholesome water for drink, a due

a debauch, a powerful cathartic, deprivation of sleep, or food, and the disease at once appears. The recuperative power is, at length, reduced below the point of successful resistance, and an explosion takes place. This may be so powerful that the patient sinks in the very onset of the disease, or it may be so slight, that it scarcely amounts to a distinct chill. But of this hereafter.

It is supposed by some writers, that the class of fevers we are now considering, may be produced by the conjoined influence of heat and moisture, without the aid of a specific poison, combined with some unknown condition of the electricity of the atmosphere. It needs no argument to show that neither heat nor moisture alone can produce fever; and that their combined influence is insufficient for any such effect, will appear, when you consider that fevers seldom, if ever appear on board of vessels within the tropics, although the air is nearly saturated with vapor, and the temperature is constantly higher than in many localities on land, where the disease is a regular endemic—and so of residences near the sea coast, within the tropical latitudes, if the soil is not alluvial, abandoning in decaying vegetable matter, such places may be as healthy as any within the temperate zones, although the heat and moisture may both be at their maximum intensity. I need hardly refer you to laborers in our salt works, and different manufacturing establishments, who are constantly exposed to a heated atmosphere saturated with vapors, and yet, who are remarkably exempt from fevers of every kind. You are aware that persons from New England, and other parts of our country, where autumnal fever is unknown, are often attacked with an intermittent or remittent fever, on their return from a journey through some malarial district, remote from their place of

division of the sleeping and waking periods, and well balanced exercise of the mental faculties, *the inhabitant of so called miasmatic regions need not fear miasm nor its alleged effects, periodical fevers.* He avoids the substantial causes; he need not care for imaginary essences or abstractions."—(*Ed. of Williams' Principles of Med. p.* 77.

The observation and experience of those living in low and marshy localities, do not confirm the truth of the above statement, but on the contrary have proved its incorrectness. There is but one opinion among enlightened physicians, resident in such places, and that is in favor of the existence of a positive deleterious agent of some kind. We know of several instances in New England where law suits have originated from daming streams, causing the water to set back and overflow the adjacent low grounds, thus giving rise to very fatal intermittent and remittent fevers, where such diseases were never known before. Dr. Bell will find many such cases recorded in the old Medical Repository of New York. How are such facts to be set aside? We fear that "hasty generalization" has led our friend into an "assumption" "without any clear perception" of the facts of the case.

residence; such remote effects as these, are never caused by any atmospheric vicissitudes, but only by some specific poison, circulating in the blood. No impression produced by the sensible properties of the atmosphere, could remain latent for weeks and months, and then break forth in the phenomena of fever; these should speedily follow upon the application of the cause, or not at all.

Is it objected that autumnal fevers prevail in locations where decaying vegetable matter does not abound? How ignorant are such objectors of the nature of the soil upon which they continually tread. Prof. Drake informs us, in his very able work on "the principal diseases of the interior valley of North America," p. 719, that the soil taken from different localities of the valley contains certain organic matters, which, in some instances, more than equal all the inorganic substances, and that one-fourth of the silt, taken ten feet below the surface in New Orleans, consisted of organized matters, such as the sporules, or germs of algæ, animalcules and their ova. It is to be borne in mind, moreover, that where the soil is apparently sandy, decaying organic matter is found beneath, having been washed in by the rains. Owing to this cause, manures spread upon sandy soils soon disappear; and if the sub soil is clay, they will be found resting upon that, but still undergoing decomposition, and sending upwards deleterious effluvia. If you examine more carefully into the composition of this organic matter, you will find it composed of animal as well as vegetable forms. The microscope will reveal to you immense multitudes of insects and animalculæ, which find the essential conditions of their development in the decaying remains of vegetables, while the naked eye will discern hosts of larvæ, reptiles, worms, and quadrupeds; while the waters abound with molluscæ, fishes, and crustaceæ, which are constantly being renewed and perishing, to add to decomposing land animals, and plants, which go to make up the beds and banks of lakes and water courses. What is the precise character of the new chemical compounds which result from this organic decomposition, chemistry has hitherto failed to demonstrate; but it is by no means improbable that its processes will yet become so refined and delicate, that we shall be able to show definitely in what they consist. We know, at present, that carbonic acid, carbonic oxyde, sulphuretted hydrogen, carboretted hydrogen, and carbonate of ammonia, are the results of such decomposition; but while we admit that no one of these singly can produce autumnal fever, we are yet ignorant, from any actual experiment, of their combined influence; and it is very possible that some unknown and undetected compound may be generated which is the cause of the fever. We know there are some difficul-

ties in the way—some very plausible objections that may be raised against the hypothesis suggested, but not near as many, as against any of the other hypotheses hitherto proposed. It is difficult, for example, to account for the fact, that a place will be sickly one season and healthy the next, while the same causes apparently are in equal intensity: we say apparently, because no observations sufficiently accurate have hitherto been made to justify us in asserting that the degrees of heat and moisture are precisely or nearly the same. On Long Island, and other places in the vicinity of New York, intermittents are extremely capricious, so to speak; they come and go without the least regularity; sometimes disappearing from a place for several years, and then returning with greater severity than ever, and still no apparent cause for such return. Two years since, the whole line of the Hudson River Railroad was infected with intermittent and remittent fever, in places where the disease was never known before, and where there were apparently no alluvial deposits or decaying organic matters. Still it appeared, on examination, that the disturbance of the soil on the track of the road must have been the cause of the disease; for it was limited to the vicinity of the line, and extended throughout its whole length.

With regard to the vegeto-animalcular hypothesis, it cannot be denied that there is a degree of plausibility in the supposition that fever may be caused by animalcular or vegetable germs, which abound in places and under conditions favorable to the decomposition of organic bodies, as revealed to microscopic observation. Dr. Drake has presented several reasons to show that the etiological history of autumnal fever can be, in his opinion, more successfully explained by the vegeto-animalcular theory than the malarial. For example, the microscope discloses to us innumerable forms of organic beings, both plants and animals, wherever vegetable decomposition is going on; and there can be no doubt that the atmosphere swarms with them in such localities, although they ordinarily escape observation. They are taken in with the air into the lungs; they reach the stomach with our food; they are endowed with wonderful powers of reproduction and increase; and they derive their sustenance from other organic beings while undergoing decomposition. But can they produce fever? Analogical reasoning might possibly lead to such a conclusion; for there are both plants and animals which secrete a poison deleterious to human life, as the rattlesnake, the viper, wasps and bees; the gnat, and the almost invisible sand-fly; so also various species of rhus, fungi, &c., give rise to specific diseases. So it is inferred that microscopic animals and plants may produce equally characteristic morbid effects, aye, all known epidemic and

endemic diseases. The supporters of this hypothesis tell us that there is a striking analogy between the movements of certain epidemics and those which might be supposed to be the result of animal impulses and caprices, in migratory swarms of insects; now moving onwards with a slow, regular march, and now halting, as if for rest; now, in a compact body, with a broad sweeping front, then again in detachments diverging from the main line; sometimes leaving no blade of life unvisited, and again passing over large tracts untouched, and settling down devouringly on some distant and isolated spot. Thus these living germs may be carried in clothing or merchandize, and when they find a congenial atmosphere, and favorable conditions in some new locality, they propagate with the rapidity characteristic of insect life, and thus infect the whole vicinity (Wood.) These analogies might be still further pursued; but we should be poorly rewarded for the time thus employed: it is an hypothesis calculated to amuse and interest fanciful minds, but as yet wholly unsupported by direct observation; and when applied to epidemics, as cholera, which prevail in winter even under the polar circle, we are led to inquire what circumstances can *there* exist favorable to the development of animalcular or vegetable life.

The hypothesis that malarious agents are electro-galvanic currents and accumulations, which produce disease by disturbing the electrical equilibrium in the body, may be summarily dismissed, when we reflect that such disturbances are continually taking place without giving rise to fevers, or any other known diseases.

But, gentlemen, we have already dwelt too long upon the nature of the remote cause of this class of fevers; for after all there is no great practical value connected with its discovery—all we need know is the conditions essential to its production; the laws which seem to govern it; the phenomena to which it gives rise, and the most successful mode of controlling them. If we could positively ascertain that it was some organic germ, we could only then guard ourselves against it by those precautions which experience and observation have already taught us to employ. It were in vain, perhaps, to speculate with regard to the mode in which malaria operates in producing disease. My own belief is, that it enters the circulation chiefly through the medium of the lungs, and that its principal influence is exerted upon the organic or ganglionic nervous system. You know how intimately this system is connected with the organs of respiration, circulation, assimilation and secretion, on the one hand, and with the cerebro-spinal nervous system on the other, and that causes affecting the one must necessarily affect the other also. You know, moreover, that the functions, primarily disordered in au-

tumnal fever, are especially those subjected to the influence of this system. Now, the primary derangement is one of function, and not of structure; and such derangement must be owing to impaired or altered nervous influence, in other words, to a morbid impression made upon the ganglionic nervous system. But what is the nature of this morbid impression, you may ask? You see that the action of the heart is weakened, and the tone of the pulmonary vessels lowered, giving rise to a languid, irregular circulation, congestions, &c.—that the respiratory actions are retarded, requiring the exercise of volition to dilate the lungs fully, and oxygenate the blood to its normal extent. You perceive, too, that the function of secretion and excretion is deranged or suppressed, animal temperature diminished, and, in short, all the functions of organic and animal life indicating a depression or alteration of nervous energy. I have said that the malarious agent operates through the medium of the blood. It is very possible, however, especially where it is very intense and concentrated, that the first impression and chief action may be exerted upon the nerves of the lungs themselves, producing, also, a sensible effect upon the olfactory nerves as it passes over their expanded surface; for, upon this supposition, you would have the morbid impression simultaneously propagated to every organ which is supplied by the same system of nerves; and the heart, the blood vessels, the digestive, secreting, and assimilating organs, would all participate in the effects. You find, too, that the blood immediately loses its healthy character, and assumes a darker colour, owing to the impeded function of the lungs, their natural resiliency being in a measure lost, occasioning forced and frequent inspirations. It is obvious, then, that the oxygenation of the blood is very imperfectly performed under these circumstances, and that the changes in the inspired air are diminished to at least one-third their usual amount. Blood, taken from a patient at this stage of the disease, and before any distinct chill has occurred, will appear dark and tar-like; the crassamentum soft, and imperfectly separated from the serum. Is it strange, then, that you have a weakened action of the heart, and diminished tone in the vascular system generally?—that you have a languid circulation, internal congestions, and deficient secretion and excretion; that, after the impurity of the blood has reached a certain point, you should have vascular reaction, and all the phenomena of an intermittent or remittent fever? and if the cause has been very intense, is it any thing strange that the organic nervous power should be so reduced that reaction is impossible; that the changes in the blood should be so great as to prevent its circulation in the capillary vessels; that the patient, in short, should succumb

during the first onset of the disease? Many of the phenomena of these diseases can only be understood by constantly bearing in mind the existence of this antagonistic principle of vital resistance in the system, which leads to various processes of reaction, which may be exhibited in different degrees, according to the relative strengths of the poison, and of this resisting power; and, likewise, often according to various cognizable agents, which simultaneously act as predisposing, determining, or co-operating causes.

It is to different degrees of this vital resistance, whether in the whole body or some of its organs, that we are to trace the numerous complications, varieties, types, &c., that we meet with in this class of diseases. We have stated that there is reason to believe that the noxious miasm chiefly operates upon the nervous system through the medium of the blood, although it be possible that the primary impression is made upon the pulmonary nerves, and the subsequent phenomena are the indirect effects of such primary action. That it is absorbed into the circulating fluid, is beyond all reasonable doubt; and it may for a time, perhaps for a considerable period, affect the fluids, and perhaps multiply itself in them, before it influences the solids, as happens in infectious and contagious diseases; or, as suggested by Liebig, it may even act as a ferment, assimilating much of the circulating fluid to itself; for we find, as a general rule, a considerable period elapses between the application of the cause and the development of the fever. But then, on the other hand, we are to remember, that after the poison has been introduced into the blood, it would seem to depend on causes acting on the nervous system, whether it shall produce its specific effect or not; and that after its specific effect has been produced, and the febrile actions commenced, they may be arrested by quinine, arsenic, the shock produced by cold affusion, mental impressions, &c., means which do not evacuate any part of the blood or alter its composition. The fact that these diseases are not cured by evacuants of any kind, but by some specific impression upon the nervous system, militates very strongly against the hypothesis that they are owing primarily to morbid changes in the blood. This morbid state of the blood, then, is the consequence or indirect effect of the impression made upon the organic nerves, and not to any chemical or other changes in itself *per se*. Whether the fluids be primarily altered or not, it is very obvious that the living solids must be implicated before you can have the phenomena of fever manifested. Dr. Alison remarks that there is nothing inconsistent with what is known of the actions of poisons, or of other agents, on the animal economy, in supposing that the morbific cause, after existing for some time, and

perhaps multiplying itself in the fluids, *may act simultaneously* on the constitution of the blood, or the vital affinities in the capillary vessels, on the powers of the heart, and the vital actions of the brain and nerves. I would, however, prefer the hypothesis, that the alteration of the circulating fluids is entirely dependent on the existing state of organic nervous, or vital power; for this will explain more satisfactorily the facts connected with the phenomena of malarious fevers. Thus the period of incubation will be shortened by whatever depresses, and retarded by whatever exalts, without exhausting, organic nervous power: it will be accelerated by the usual concurring and determining causes, as a close, foul, moist air; by cold, by excesses of any kind, by fear, sorrow, despondency, &c.; and it will be retarded, or an attack prevented, by a dry and pure air, tonics, cheerfulness, and whatever increases the vital power of resistance against a noxious cause.

And here I may be permitted to digress for a moment, to explain what has been misunderstood by some, as to the influence of a high dew point in the production of malarious fevers. At the request of the late Dr. Forry, of New York, I furnished for his work on "the climate of the United States," some remarks on the hygrometrical states of the atmosphere, in which I first pointed out, how, when the air is nearly saturated with vapor, the pulmonary and cutaneous excretion of carbon is arrested, as well as the action of the cutaneous glands, while the electricity of the body is rapidly carried off, thus leading to a change in the constitution of the blood, and throwing upon the liver the necessity of increased secretion, the effect of which was to give increased force and activity to any of the remote, predisposing, or exciting causes of disease. I did not mean to assert that a high dew point would of itself alone produce autumnal, or any other fevers, as stated by Prof. Drake, in his excellent work on "the diseases of the Mississippi valley," p. 609, 610; I remarked that a high dew point, by checking the cutaneous and pulmonary excretions, prevented the prompt elimination of the malarial poison from the blood, an effect which will scarcely be denied by any one. Dr. D. inquires "if saturation of the air with vapor, or the state approaching to it, can impair these functions in warm climates, why does not the same cause produce the same alleged effects in higher latitudes." I reply that we never have so high a dew point in high latitudes as in warm, owing to diminished evaporation; and when the dew point is comparatively high, it remains so only for a short time, and we have no malaria, at least so concentrated as in more southern regions, to co-operate with it. It does, moreover, produce the same effect in a corresponding degree. Dr. D. evidently confounds the sen-

sible vapor of the atmosphere with the dew point. His remarks on the effects of a high dew point and low temperature, are, in general, very judicious, and worth your serious attention.

With regard to the varieties and forms of autumnal fever, but few remarks will be necessary. Dr. Copland has divided intermittents into the simple, the inflammatory, the adynamic, the complicated, and the anomalous, or masked; while others have divided them into the quotidian, tertian, and quartan; vernal and autumnal; regular, erratic, and anomalous; simple, complicated, and masked; nervous, gastric, and inflammatory, &c. The intermittents of this great valley are chiefly quotidian or tertian, more frequently the latter; they are mild and simple, accompanied by a perfect intermission; or they may have a protracted cold stage, with imperfect reaction, sometimes proving fatal in the first, second, or some subsequent paroxysm; or they may assume an inflammatory character, with a diminished cold and a prolonged hot stage, running at length into a remitting type. Remittents also present the same varieties. Some are simple, terminating in a few days in health, or in a regular intermittent: others are of an inflammatory character, with a tendency to a continued or intermittent type. Others, again, are congestive, or malignant, having no regular apyrexia like a malignant intermittent, but characterized by great prostration and ataxic, threatening symptoms, which often baffle the skill of the practitioner. These different forms and grades of severity are doubtless to be attributed to difference of constitution, and varying intensity of exciting causes; and perhaps, also, as Dr. Drake hae suggested, to some unknown modification of the remote cause. As to the relative proportion of intermittents and remittents, they vary so much in different locations, that no accurate estimate can be made.

It is impossible, within the compass of a single lecture to give a complete history of the developements and pathological character of autumnal fever; all I aim to do, is, to daguerreotype, if I can, its leading features and physiognomy.

Between the application of the cause, and the appearance of the paroxysm, there will generally be more or less disturbance in the different functions of the body—changes in the vital manifestations of the frame, growing out of the morbid impression, made on the nervous system of organic life. These are too well known to need pointing out. A few days before the full developement of the fit, you perceive an accelerated pulse, white tongue, thirst, lassitude; there are pains in the back and loins, loss of appetite, high colored urine, &c.; and as the paroxysm approaches, there is a feeling of universal coldness, with a sense of

great languor and oppression, paleness or collapse of countenance, lividity of the nails, reduction of the temperature of the surface, shiverings, tremblings, rigors, a dry rough skin, sighing or yawning, difficult respiration, nausea, constrictive pain in the head and temples, aching in the back and loins; the tongue is white or loaded, the taste morbid, appetite gone, urine limped, pale, or tinged with bile, and often voided; pulse small, weak, and sometimes accelerated, biliary secretions deranged; the mental powers weakened or overpowered, &c. I mention these well known phenomena, some of which of course may be absent in a particular case, to show you, how all the functions of animal and organic life are deranged or perverted, and what a profound impression has been made upon the nervous masses, the great centres of life, of sensation, motion, mind.

The hot stage which succeeds, is only the manifestation of vital reaction of the *vis conservatrix.* At first there are transient flushes of heat and cold, restlessness, increasing heat of surface, gradual turgescence of skin, head-ache and throbbing of temples, strong, full pulse, high colored and scanty urine, great thirst, &c., &c. The cold stage may last from half an hour to three, and even four, if no means are used to cut it short, while the hot may continue from two to eighteen hours, before it begins to abate. And then you have the sweating stage succeed, beginning upon the face and gradually extending over the whole body, with an entire abatement of all the symptoms, succeeded however, by a sense of exhaustion and inclination to sleep. In my next lecture, I shall confine myself to the treatment of miasmatic or autumnal fever.

ART. II.—*Prof. Howard's Clinic of Starling Medical College. Session 1850–51, October 19th. Reported by* JOHN KERN.

CASE 1.—Enlargement of the Spleen:

J. H., aged 26, a farmer residing in Franklin county, near the Scioto river. For about 12 years this man has been annoyed by occasional attacks of intermittent fever, always amenable, however, to the usual remedies. During the last few years, dyspeptic symptoms and enlargement of the spleen have made their appearance. These sometimes coexist under similar circumstances, the tumor, at present, projecting perceptibly beneath the ribs on the left side; varies in size at different periods, and affords but little inconvenience or suffering to the patient.

In the treatment, Prof. Howard remarked, that as a general rule, the same remedies employed for the cure of intermittent fever were capable of subdueing such enlargement and diseases of this curious organ, as we

find in the present instance. Mercury, as a constitutional remedy, is seldom or never useful, but quinine and aloetic purgatives combined with castile soap with an appropriate corrigent seldom fail to reduce the enlarged spleen to its natural dimensions. Should these fail counter-irritants may be applied.

CASE 2.—Strumous Ophthalmia:

W. D., (colored,) aged 3 years; residence Columbus; of decidedly scrofulous diathesis, is afflicted with strumous ophthalmia of about six months standing. During the day suffers from great intolerance of light; an extensive eczematious eruption covers the whole face, producing considerable swelling, and agglutination of the eye-lids. Small phlyctenular ulcers are observed around the border of the cornea of both eyes, but the eyes themselves presented but slight indications of inflammation there being but little redness of the conjunctiva.

Prof. H. remarked, that the leading diagnostic symptom in this very common and very troublesome disease, is intolerance of light without a corresponding intensity of inflammation in the eye. Indeed, so intolerant is the organ of light, that the smallest ray striking the retina, is offensive and painful in the highest degree. It occurs in children of a scrofulous constitution, of whom there are great numbers in all classes and of all colors, between the ages of one and seven years. The little sufferers, for hours together, during the day particularly, when the sun is unclouded, will creep away into some dark corner and there sit quietly with their faces excluded from the light until the sun disappears. Twilight affords relief. As soon as evening approaches the patient emerges from his hiding place, opens his eyes, and frequently engages in the sports of other children with as much hilarity and zest as if nothing were the matter. There are usually but few outward signs of general indisposition. The appetite is variable, most commonly voracious, craving food of an oily and indigestible character. The tongue is slightly coated; the bowels are embarrassed by an accumulation of imperfectly digested food and vitiated secretions, and are affected alternately with diarrhœa and constipation. There is a general derangement of the digestive and secreting organs, with a still greater perversion in the functions of assimilation. This condition of the system, if it is not the *cause* of strumous opthalmia, aggravates and perpetuates the disease, which otherwise would be as remediable as any other.

The case before us should be treated with thorough evacuants, emetico-cathartics, 10 grs. each of calomel, and ipecac may be given and repeated once a week two or three times. After the digestive organs are effectually corrected, give one gr. quinine three times a day. Let

the diet be simple and nutritious; free exercise in the open air will also be useful.

Little can be done by way of local treatment. Being a constitutional affection, it should be treated by constitutional remedies mainly. To prevent agglutination of the lids, the red precip. ointment, half the strength of the officinal preparation, may be applied along the borders of the lids at bed time. For the eruption upon the face, apply, morning and evening, a solution of the sulphuret of potassium, 15 grs. to the ounce of water.

CASE 4.—Varicose veins with ulcer.

J. S., aged 55, a teamster. Twenty-one years ago, varicose veins made their appearance in the popltical space of the left leg. Until recently they afforded but little inconvenience. Within the last month, in consequence of a slight injury, inflammation attacked the integument and soft parts involving the dilated veins. This was speedily followed by ulceration, which is at present progressing and endangering the integrity of the diseased vessels.

The Prof. observed, that varicose veins of the lower extremities is an affection frequently brought under the notice of the physician and surgeon. The disease is caused by whatever interferes with venous circulation, consequently it is often met with in pregnant females, in persons suffering from habitual constipation, and in old men who are by necessity subjected to hard work, hard fare, and constantly standing position. That this condition of the veins was a fruitful predisposing cause of ulcers in their neighborhood, and that the veins themselves occasionally become victims to this destructive process, giving rise to dangerous hemorrhage.

In the present case, to allay inflammation, and to promote granulation, a bread and milk poultice was recommended, with absolute rest; and an elevated position to favor venous return. This should be followed by bandaging and some gentle lotion, when the ulcer is completely healed the radical treatment for the cure of the varicose veins may be adopted should the patient desire it. This consists in the employment of such means as will effect their entire obliteration. Various means have been resorted to for this purpose. The plan which seemed to the Dr. to be the one most devoid of danger, consisted in the excision of a portion of the diseased vein on the cardiac side of the affected part. After such an operation, the circulation of these vessels cannot be re-established—a cure therefore is the result.

CASE 5.—Dislocation of the external extremity of the Clavicle.

C. McC., aged 28, a farmer, of small stature, on the 5th of Nov., received an injury by a fall upon the left shoulder. On examination, the scapular extremity of the clavical was found projecting upwards and backwards over the acromion process of the scapula. The shoulder was considerably depressed.

The double T bandage of the chest was applied, the tail passing over the left shoulder was broad and drawn firmly over the outer extremity of the clavicle. The elbow and arm were placed in a short sling so as to raise and support the shoulder.

The Dr. remarked, that this accident was readily detected, and was of no unfrequent occurrence, the deformity being palpable and strongly marked. That the reduction is easy and devoid of suffering, but that there was great difficulty in retaining the bone in its shallow socket, the weight of the shoulder, the contraction of the sterno cleido mastoideus the latissimus dorsi and pectoralis mayor muscles opposing its permanent lodgment there. Sir Astley Cooper speaks in decided terms in regard to it. He says that you are not to expect that the parts, after the utmost care in the treatment, will, in dislocations of either end of the clavicle be very exactly adjusted. Some projection, some slight deformity, will remain, and it is necessary, from the first moment of the treatment, that this should be stated to the patient, as he may otherwise suspect that the fault has arisen from your ignorance or negligence. You may, at the same time, inform him, that a very good use of the limb will be recovered, although a slight projection may remain and produce a slight deviation from the natural form of the parts.

CASE 14.—Curvature of the Spine.

Chas. R., aged 3 years, full habit, bilious temperament. About nine months since this little fellow had a severe attack of what was supposed to be pneumonia. During the progress of convalescence, the mother discovered an unusual prominence over the spine between the shoulders over the upper dorsal vertebræ, when the attention of the physician was directed to it. The projection continued gradually to become more and more prominent—the spine of the neck became decidedly convex anteriorly, so that the head was thrown backward and the face inclined upwards. Laborious and difficult breathing came on, and increased in severity with palpitations of the heart, hiccup, and other evidences of disturbance of the thoracic organs, produced in part, at least, by mechanical compression from a shortening of the vertical diameter of the chest. The child lost flesh and strength particularly in the lower extremities until about the first of Oct., when they became almost entirely paralytic.

This case, said Dr. H., is, on many accounts, one of great interest—it is a fair example of very many similar cases occurring every where among adolescents, and those too usually otherwise of the most intelligent and promising character, and one which is generally more or less remediable, provided the appropriate remedies be *perseveringly* employed. It consists in a softening of the bodies of one or more of the vertebræ in the affected region. This softening is produced probably by the inflammatory process inducing primarily an absorption of the earthy elements of the bone, and secondly, if the disease progresses unchecked, disintegration by ulceration.

Nothing can be plainer than the indications of treatment in such cases. As early as possible, the child should be placed in a horizontal position. The pressure exerted by the superincumbent weight while in the erect posture, acts most disastriously upon the softening bodies of the affected vertebræ, and should be taken off immediately and permanently, by laying the child upon his back. Along with position, let pyogenic counter-irritants be applied over or near the tumor. Let purgatives be occasionally employed to free the digestive organs from unhealthy accumulations, and the diet be nutricious and unirritating.

CASE 22.—Necrosis. Nov. 9th.

E. N., aged 20 years, son of a farmer who resides in Franklin county. About five years ago, this young man had an attack of inflammation involving the upper portion of the tibia as far as its articulation with the femur. The pain was very severe, and the swelling great as is usual in ostitis or periostitis; pus formed, and was discharged by an incision made below the knee, while in New Jersey, where he was taken ill. Soon after, he was removed to Ohio, where he has been treated by several doctors who were supposed to be more skillfull than members of the *regular faculty*. One of these found the knee swollen by an effusion into its synovial capsule, and concluding it to be an abscess perhaps, plunged a knife into the cavity of the joint. Violent inflammation followed. In a few days the patient was unable to flex the joint in the slightest degree. The most unyielding form of anchylosis followed the subsidence of the arthritic inflammation. At the present time there are two fistulous openings on the anterior and upper portion of the tibia. On passing a probe deeply into one of the sinuses, a loose sequestrum was detected.

The patient being placed upon the table, was subjected to the full influence of chloroform, when an opening was made through the integument and walls of the living bone by a large trephine, when the sequestrum was easily extracted.

ART. III.— *On Irregular or Masked Ague. By* THERON NICHOLS, M. D., *of Warren, Ohio.*

No form of disease is more common in the South and West, and perhaps none puts on more varied forms, than that which results from miasm; and certainly none requires more acute observation to detect its real character, when the intermittent or remittent type is indistinctly marked. In one form, the motor portion of the nervous system will alone be affected, and the muscles which they supply will be convulsed or oftentimes merely disturbed with tremors. Another form, not less common perhaps, is where the apparatus of sensation is the seat, and the results will be an intolerable pain in the head, eyes, along the track of the sciatic nerves, and not unfrequently in the region of the pyloric orifice of the stomach. Again, the stomach may be nauseated and relieve itself by vomiting, the latter case, will, however, be more liable to occur in an intermittent form.

In turning over my Note-Book, I find the following case, one of many which illustrates the influence that "masked ague" frequently has over the nerves of motion:

Sept. 21, 1847. Received a summons to visit Mary ———, a young lady of 21 years of age. Learned upon my arrival, that she had enjoyed good health till about three weeks previous, when she had an attack of Bilious Fever, which lasted about two weeks. Her family and self supposed her to be entirely well except being "somewhat weak." Found her with the pupil of the eye somewhat dilated; pulse small and quick; skin rather warm with a continuous *jerking of the head backward and forward*, which was entirely involuntary and beyond her control.

Upon careful enquiry, could not learn that she had any chills since the onset of her fever. Hot applications had been applied to the parts before my arrival without the least beneficial effects. I readily concluded, from the history and character of the case, that it was one of masked ague, and accordingly prescribed Quinine, Peperine and Morphine.

Sept. 22d. Called again, and found my patient feeling well — continued the prescription.

Sept. 23d. Was summoned again at about the same hour as upon the 21st, and found a similar attack, though in a less degree. The symptoms were all similar, but of a less obstinate character. The quinine was increased in quantity, the bad symptoms passed off, and no similar attack ever supervened, the patient getting well rapidly.

The correctness of this diagnosis, which might otherwise have been doubtful, was established by the periodic return of the attack. With

my present knowledge of the use of strychnine in ague, and especially those of an anomalous character, where the spinal cord and the nerves coming out of it are implicated, I should much prefer its use to that of quinine.

I notice another case which arrested my attention, and I made a note of it at the time, it being still farther from the ordinary type than the above:

Elvira ———, aged 19, an inmate of the County Infirmary, was taken ill, and I was called to see her on July 12th. She has a great curvature of the spine, and her general health is bad at best. I found that she had been attacked in the morning with a severe pain in the head and limbs, and general "malaise," which lasted an hour or two, but no chill—that a bright scarlet rash had broken out, which relieved the most unpleasant symptoms, the rash looking similar to that which occasionally precedes small pox, but more brilliant in color. Gave a mild cathartic and awaited the results.

July 13. Found her much better, the rash having left in an hour after my departure, and very little fever followed. Learned upon enquiry that she had been troubled with ague the year previous. Suspected masked ague, and gave small doses of extract of bark.

July 14. Found the patient with rash and unpleasant symptoms as on the 12th. Was more strongly than ever impressed with the idea of the disease being of malarious origin, and suspended treatment in hopes that its true character would show itself more distinctly.

July 16. Called about the same hour, and found her with a distinct chill, which passed off with fever and sweating. Prescribed quinine, and she recovered without any circumstance worthy of note. In the last instance, that of the chill, there was no rash.

In this case, the cerebro-spinal system and skin seemed to become implicated, and the disease showed itself in that form instead of a regular chill.

The onset of a chill, so far as we can determine, is characterized by a nervous sensation alone, the sensation being experienced long before the thermometer recognizes any change of temperature. This nervous change, however, is transmitted to the capillary system, which lessens the external circulation, and then, there may be not only a sensation of chilliness, but a real loss of temperature, inasmuch as there has been a diminution in quantity of the circulation, which is the immediate cause of animal temperature.

This inquiry is merely preparatory to another, and that is, as to the essential cause of the ague, and what organs are implicated in its onset?

It is a matter of little importance, comparatively, what agent produces these effects, as long as we agree that the agent, whatever it may be, is beyond our control. From the manner in which it makes its attack, the host of nervous symptoms which attend it, and the essential character of a chill itself, I am led to the conclusion that the cerebro-spinal system is the point where the invasion first commences.

Those cases where agues open up by convulsions in children, are so common as to scarcely need a notice in this community, excepting as corroborative testimony in favor of the above theory of the *locale* of the disease. Another case:

Sept. 21st, 1847. Was called to see William ———, a stout robust man of 35, who had just apparently recovered from a miasmatic fever of considerable severity, which had left him convalescent a week previous. Found him laboring under an excruciating pain of the back of the head and neck. The pain was so severe, that he could get no ease by assuming any position. Pulse was a little hurried; skin, natural; and he complained of nothing else save the pain, which seemed to be deep seated and fixed. Ordered him a cathartic, and a blister for the back of the neck, with sul. morph., to relieve the pain. Enquired carefully for a chill, but nothing of the kind had been noticed, though the family had expected one, inasmuch as chills supervened upon many cases of fever that season.

Sept. 25. Cal ed and found the patient very well, the pains having gradually past off while the blister was drawing.

Sept. 26. Received a summons, stating that my patient was attacked in a manner quite similar to that on the 24th, and with equal severity. Upon arrival, I found that the attack came on at the same hour, without any premonition, and was apparently quite similar to the first.

Determining to call it masked ague, I gave him large doses of quinine and morphia, which immediately arrested the disease, and in few days he was about his business as usual.

ART. IV. — *Remarks on Contagion and Contagious Diseases, by* H. GRAHAM, M. D., *Toledo, Ohio.*

Do *contagious* diseases affect the same individual more than once? or, in other words, is there any *proof positive* that any other diseases are contagious, except such as affect the same individual but once in a life time? Those diseases, which are admitted by all to be contagious, are small-pox, scarlatina, rubeola, varicella, whooping cough, and mumps. All these, as a general rule, affect the same individual but once in a life time. There are, however, some exceptions to this general

rule, but they are only exceptions. In relation to other diseases which are *sometimes* called contagious, such as yellow fever, typhus fever, cholera, &c., the profession are divided; some contending that they are contagious, and others contending that they are not. Which side has the weight of testimony, and the weight of argument, it would be difficult if not impossible to determine. One thing, however, is certain in relation to these latter diseases, one attack does not exempt a person from the second or third attack; or, in other words, a person may be affected by either of these diseases a second time, or more than once. Now, the question naturally arises, if all the diseases above mentioned are contagious, how does it happen, or how can we account for the fact, that a portion of them affect the same individual but once, while another portion of them may, and often do, affect the same individual more than once? If one contagious disease will so affect the system as to exempt it ever after from a second attack, why will not all contagious diseases produce the same effect? If there is any thing *peculiar* in contagious diseases, and that peculiarity is known, in *some* diseases, to consist of an exemption of every person from a second attack, is it not reasonable and fair to suppose that the same peculiarity exists in *all* contagious diseases? Since it is admitted that those diseases which are known and acknowledged to be contagious, all possess this peculiarity, of exemption from a second attack; and that all those diseases, the contagious nature of which are in dispute, do not possess this peculiarity of exemption from a second attack, is it not fair to infer that these latter are not contagious? If the fact can be established that this *peculiarity* to which we have alluded, i. e., this exemption from a second attack, is the distinguishing mark, or line, between contagious and non-contagious diseases, is not a great and important point gained?

I would not venture to say that such is the fact; but it does appear to me that there is negative proof, to say the least. The fact that all diseases that are known to be contagious possess this peculiarity, and the fact that all diseases that are in dispute, as to their contagious nature, do not possess this peculiarity, ought, I think, to lead us to doubt and inquire. There is no positive proof, that yellow fever, typhus fever, and cholera, are contagious; but there is positive proof that they do not possess one of the peculiarities of diseases that are known to be contagious. If, then, they are contagious, they are unlike other contagious diseases in one particular. There is positive proof that small-pox, scarlatina, rubeola, and varicella, are contagious, and the proof is equally strong that they possess all the marks and peculiarities of contagious diseases; they do not, at least, lack that all important peculiarity,

or feature, which exempts a person from a second attack — this mark they all possess. Have we, then, any good and sufficient reason to say or believe, that diseases which do not possess th s mark are contagious? If we can prove no other to be contagious, why contend that they are so? We do not say that other diseases *cannot* be proved to be contagious — we only say, that they never have been; and the presumption is that they never will be. The object of our present remarks is, to elicit inquiry on this point — are any diseases contagious except such as affect the same individual *but once* in a life time?

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Causes, Symptoms, and Treatment of Latent Pneumonia. By* SAMUEL G. ARMOR, M. D., *Professor of Physiology, Pathology and Clinical Medicine in the College of Physicians and Surgeons of Iowa University.*

From the fact of their frequent occurrence, either as primary idiopathic inflammation, or as complications or sequences of some other affection, as well as from their many varieties and their often unmanageable character, diseases of the lungs are invested with peculiar interest to the physician. Indeed, when we consider the great number who annually fall victims to some form of diseased action, resulting in the destruction of the lungs, the pathology, symptomatology, and treatment of these affections should become a topic of permanent and absorbing interest to the profession.

While pulmonary phthisis can not be said to prevail extensively in the Western States, it must be confessed that other varieties of lung disease are not of unfrequent occurrence; and when we consider the large number who, from necessity, reside in crowded houses, with apartments illy ventilated, and frequently warmed by stoves, no provisions being made for currents of air by proper ventilators, it is not astonishing that diseases of the respiratory organs, during the fall, winter and spring months, should be of frequent occurrence. Persons thus situated, leaving heated apartments in which the air becomes highly charged with carbureted hydrogen, rush into an atmosphere the temperature of which is frequently below the freezing point. The result it is easy to anticipate. The blood, invited to the surface by the heat, when suddenly ex-

posed to the cold air, rushes to the internal organs, producing local congestions. The effect of this congestion, in developing inflammation, will much depend on the proclivity to disease of the internal structures. Add, then, another element of the inflammatory process, viz: irritation of the bronchial mucous membrane and air-cells of the lungs, occasioned by this sudden transition from heat to cold, and we readily see why it is that bronchitis, followed by pneumonia, ending in interstitial deposit, should so frequently occur.

Pneumonia has been divided into the acute, chronic and typhoid. Of these ordinary varieties, it is not my purpose to speak at present. The symptoms of the first, both physical and rational, are well understood, and the indications of treatment plain. We may remark that the same thing is true of the second, with the addition that more care is required in physical exploration, and more caution in the administration of remedies. The last, namely, *typhoid pneumonia*, is usually the sequel of some other disorder, and when associated, as it frequently is, with some prevailing epidemic, or a broken down condition of the vital forces prior to the development of the pneumonia, it becomes one of our most dangerous complications. The constitution, already suffering from the depressing effects of a specific poison, soon yields to the arrest of a function so important to life as that of the lungs.

But there is another form of lung disease, especially prevalent in the West, often insiduous in its progress, and frequently fatal in its termination: I allude to what has been very aptly termed "LATENT PNEUMONIA." I am satisfied that hundreds annually fall victims to this occult form of lung disease because undetected by physicians not acquainted with the physical exploration of diseases of the chest.

I have briefly alluded to three of the most common varieties of pneumonia for the purpose of placing before the mind of the reader a *fourth*, differing in many important respects from those enumerated.

It has been called *latent* because, in its early stage, none of the more prominent symptoms are present. It approaches are silent, gradual, and frequently unobserved by either patient or physician until the work of destruction is accomplished. The constitutional disturbance may be at first so inconsiderable that the patient can pursue his usual avocations; or, if complaint be made, it is treated as a common catarrh. But while thus resting in fancied security, disease may be doing its quiet but dreadful work. It is, therefore, highly important that the physician should carefully examine, by proper physical exploration, the condition of the lungs of a patient seeking advice even for a common cold. It is painful to reflect how many supposed cases of catarrh are in fact the harbingers of a more dreadful malady!

If the disease has made considerable progress, on being *interrogated*, the patient will complain of a troublesome, but not painful cough, with a somewhat viscid and scanty expectoration; the tongue moist and slightly furred; appetite impaired; respiration hurried; inability to take exercise, especially to ascend flights of stairs; and, previously to *hectic* symptoms, there will be found a marked disparity between the respiration and the circulation. Unlike the more active forms of pneumonia, the circulation will be found frequently feeble; the pulse neither quick nor remarkably frequent; the capillary circulation languid, as evinced by the dusky appearance of the face, and the purple tint of the nails; and the general heat of surface not so great as in frank pneumonia. When occurring during the fall and winter months, the more prominent typhus or typhoid symptoms not being present, it is frequently known by the vague term of "Winter fever," and, if the local difficulty be not detected, it proves to be a lingering and unmanageable fever.

If, now, we pass from the rational to the physical phenomena, we will find dulness on percussion, abscence of respiratory murmur, and bronchophony frequently corresponding to the portion of lung involved.

In relation to the *seat* of difficulty, as a point of diagnosis between latent pneumonia and phthisis, it has been remarked by O'REILLY, of the Royal College of Surgeons in Ireland, whose observations have been extensive, and who has made a valuable contribution on the subject, that while the upper portion of the left lung is the ordinary seat of tubercular deposit, its *inferior portion* is generally the seat of latent pneumonia. In this respect it differs also from acute pneumonia, the inferior portion of the *right* lung being the usual and primary seat of inflammation in this variety. In phthisis, the tubercular deposit proceeds from above downwards; in latent pneumonia, the disease extends from below upwards. Like ordinary pneumonia, however, the membrane lining the *air-cells* is the seat of the inflammation, not the intercellular substance as was formerly supposed; and, like it, the inflammation may *originate* in the vesicular structure, and subsequently involve the larger tubes; but, *unlike* it, the inflammation does not occasionally commence as a bronchitis and gradually extend to the smaller tubes and air-vesicles. Complications of this kind are usually attended with a higher stage of sthenic action than is found in latent pneumonia.

It will be understood, however, that I speak here of general laws, the exception as to the seat of difficulty, and other modifying influences, applying to this as to all other forms of pneumonia.

I have said that Latent Pneumonia is of frequent occurrence in the Western States. The reason of this must be obvious to every reflecting

mind. I have already alluded to causes calculated to produce all the ordinary diseases of the respiratory organs. Add to these a prevailing malarious influence, which is frequently in active operation during the fall and winter months, and which so modifies other forms of disease in the West, and we have a combination of influences well calculated to wake up latent inflammations. Indeed, protracted congestion is the usual cause of this variety of inflammation. The cold stage of malarious fevers produces in a high degree, the marks of intropulsive congestion. If this be repeated and protracted, the tone of the blood vessels will be impaired, congestion will not cease after the subsidence of the chill, and the result will be a slow, insiduous, and latent form of inflammation.

It may be well to remark, that, in this variety of inflammation, congestion always predominates over the determination of blood. Hence its marked asthenic character. All the symptoms are less prominent than in the active or sthenic variety. There is little or no pain; fever and other signs of increased action are comparatively slight; nor does it tend to such speedy results as the acute variety. For this reason the physcian should be constantly on the alert, that he may detect, in its early stages, a disease so formidable in its character when fully developed.

Latent Pneumonia offers no exception to the three stages, with their relations one to the other, as they occur in the more frank variety; although, as has been remarked, they do not take place with the same rapidity, nor are their symptoms so prominent. In one respect, however, the auscultatory signs differ in this, that the true crepitant rale, so constantly present in the stage of engorgement of an active pneumonia, and even heard in the local or lobular variety, is rarely if ever detected in latent pneumonia; and, if heard at all, it is as a muco-crepitant rale.

Again, *gangrene* of the lungs, which may occur as a primary or secondary affection, is by no means an unusual termination of this variety; especially if occurring in connection with an altered condition of the blood, which is incapable of supporting the vitality of the parts, and which is usually indicated by the early symptoms of depression. There is no difficulty, however, in detecting this condition of the lungs by the sputa and breath; their exceeding fetor, when occurring in the advanced stage of the disease, is pathognomonic of this termination.

Functional derangement of the liver, followed by jaundice, is not, for very obvious reasons, an unfrequent complication of this form of pneumonia. Many of the causes already enumerated, especially intropulsive congestions occasioned by malarious fever, very readily produce diseased action of the liver. In addition to this the direct physiological relation existing between the lungs and liver as *excretory* organs, renders them liable to become complicated in diseased action.

The *treatment* of this variety of pneumonia is attended with much difficulty. General blood letting, upon which so much reliance is placed in the acute variety, is illy borne in this In both varieties, dyspnœa will be, to a greater or less extent, present, and in proportion to its presence, will there be repression of the pulse; but in one, the pulse will frequently rise as the blood flows; in the other, it will flag. In the one case the debility is *apparent;* in the other it is *real.* Hence the caution which has to be exercised in the use of all remedies which are calculated to depress the vital forces.

The local abstraction of blood, however, by means of cups, is often of benefit; and, if borne, should be cautiously repeated from time to time. This should be followed by counter-irritation; and there is perhaps no variety of lung disease so much benefited by blisters as this. They are of benefit both for their local and constitutional effects, and should be re-applied from time to time in proportion to the severity of the disease.

The internal remedies have to be also cautiously adapted to the constitution of the patient and the stage of the disease. In the early, or forming stages, a moderate mercurial impression, *kept up for some time,* will be frequently followed by the sub-duction of the inflammation, and the consequent arrest of the disease. But every thing depends upon the *time* of its administration. When the disease has passed into the stage of disorganization, or interstitial suppuration, no remedy could be more inappropriate. As a general alterative, in the more advanced stage, the Iodine of Potassium would be much the preferable remedy.

In addition to this the patient's strength must be supported by nutritious regimen, such as milk and the lighter animal broths, and he should have all the benefit to be derived from fresh air, and, if he is able to take it, moderate exercise. No remedy will compensate for bad air and bad diet.

If a malarious influence can be detected, we should lose no time in arresting the paroxysms. No element of disease could be more pernicious in its tendency. Any indications therefore of periodicity, however slight or marked they may be, should be promptly met by the use of the sulphate of quinine. In malarious distri ts this should be a prominent, outstanding idea, never to be forgotten: internal congestions must be overcome, or all other treatment will be unavailing.

Expectorants are favorite remedies with many in the treatment of all forms of lung disease; but their use, in latent pneumonia, should be attended with much caution. In attempting to avoid one difficulty we may produce another and perhaps worse one. We have therefore to cautiously

feel our way in their use. Antimony, as a general rule, can not be borne; and the more stimulating expectorants *may* induce increased febrile excitement. If, however, the use of the senega, squills, and the terebinthinate preparations is followed by bronchial secretion, without adding to the general excitement, they will be found valuable remedies, and should be persevered in. But if this effect should not follow, and we continue their use, their is danger of producing irritation and determination to the bronchial mucous membrane and air-cells of the lungs, and of thereby converting or complicating a latent with frank pneumonia.

In low forms of the disease, attended with much prostration, a relaxed condition of the solids, a dusky hue of the skin, and a feeble capillary circulation, there is perhaps no remedy which promises so much as the Spirits of Turpentine. Under its use the general typhoid symptoms abate, the various excretions are promoted, and the flagging powers of the system sustained. But if, in the more advanced stage, general debility largely predominates over the inflammatory symptoms, we must resort to more direct stimulation Carbonate of ammonia, wine whey, milk punch, and the more diffusable alcoholic stimulants become absolutely necessary.

I have thus attempted to point out a species of pneumonia of not unfrequent occurrence, which, if undetected, and therefore suffered to pass into its *third stage*, is but little benefitted by any mode of treatment. The patient must continue to grow worse; the favorable period for arresting the disease has been lost; and, when death closes the scene, the relations are consoled with the thought that consumption, that fell destroyer of the human family, for which, unhappily, no healing balm has been found, had numbered with its victims their deceased friend.—*W. Medico-Chirurgical Journal.*

Art. II.—*Arresting Capillary Hemorrhage.*

To the Editor of the N. H. Journal of Medicine:

I send you a communication from the extremity of Minor Surgery, relating to a fact that may have escaped the notice of some of my brethren, and although it does not relate to capital operations, still it is a capital thing. I refer to my method of arresting cutaneous or capillary hemorrhage. Every practitioner must have been vexed and perplexed by obstinate bleeding from leech bites, or too deep an incision in preparing a wart for the application of nitric acid or other caustic, in removing corns, &c., &c. I am sure I have been delayed hours by such occurrences. Neither nitrate of silver or any other styptic will arrest

hemorrhage unless it comes in *absolute* contact with the coats of the bleeding vessel. In the case of the leech bite, the blood prevents the styptic from such contact; so with all capillary hemorrhage. Now, if you can completely arrest the bleeding, if it is but for a moment, while you apply the styptic in perfect contact, you have at once accomplished your object. My method is this: I apply the index finger of my left hand as near the bleeding surface or orifice as may be, on either side, without covering it. Make pressure sufficient to keep my finger from slipping; then press the surrounding integuments towards or from the bleeding vessels, and the bleeding is at once arrested. All that remains to be done is to wipe the part dry and apply the styptic. The method is sure, and does the thing at once. You can remove the whole body of a wart, arrest the bleeding, and apply your styptic in less than one minute. Should this be new to any one, I hope they will try it, then I am confident they will thank me for this brief article. G. W. G.

Meredith Bridge, Oct. 13, 1850.

Art. III. — *Case of Poisoning by the Berries of Swamp Dogwood. Reported by* W. W. Johnson, N. C., *Student of Medicine.*

August 17th, the writer received an urgent message to visit ———, aged 4 years, who was reported dying. Found the patient in an alarming condition; there seemed to be a total deprivation of muscular power; deep and extreme coma; cold extremities; pulse weak and flickering; insensibility to questions and pinches; dilitation of pupil, and the iris so insensible that a candle held in close proximity to it did not effect it; in fact there seemed to be a general paralysis of the entire system, both nervous and muscular.

Three hours before I saw him he was attacked with a most obstinate vomiting, and while he could talk complained of pain in stomach and bowels; but at time of visit did not make any complaint—he was speechless. There was considerable dilatation of the abdomen, giving a tympanitic sound upon percussion.

Seeing the patient evidently sinking, I prescribed and administered 30 gtt. of spts. ammoniæ aromaticus, which was swallowed with difficulty, but a portion passed in the stomach, and in a few minutes gave a sufficient impetus to the languishing circulation. The symptoms were so obscure that the writer was at a great loss to account for the condition of the child.

Upon inquiry of the attendants as to what the child had been eating, I was informed by its mother and others that it had eaten nothing more than its ordinary diet; but a little girl, some fewyears older than the pa-

tient, said, "Milton had been eating some berries." She could not tell me what kind, and at my request went and brought a bunch from the meadow where the child had found them, and they proved to be the swamp dogwood.

Considering the time and the already excessive vomiting, I could anticipate no benefit from an emetic, and being apprehensive that there was a quantity in the bowels, and deeming a prompt cathartic essentially requisite, I prescribed 1 gtt. of oleum tiglii, mixed with molasses and placed far back on the tongue; this was swallowed, and in an hour and a half the child so far revived as to be able to drink a portion of a decoction of senna, which, with the oil, produced in a very short time several copious alvine dejections, mixed with which was a large quantity of the berries alluded to. Next morning the child was as well as usual, with the exception of a very marked weakness, and recovered in a few days without any relapse whatever.—*Medical Examiner.*

ART. IV.—*Note on Typhoid Fever.*

DR. NELSON—*Dear Sir:* After having employed with very indifferent success, the various remedies usually recommended for the treatment of Typhoid Fever, I have found that pustulation by Tartar Emetic on the back opposite the glands of Peyer, was the most efficacious remedy in subduing the inflammation of these glands; it is certainly a great agent in disease. I can with safety recommend this plan to my brother practitioners, in this low malignant form of disease. So far as my knowledge extends, Typhoid Fever is considered by all medical men as a self limited disease, consequently, all that can be done in the way of internal medication consists in sustaining the powers of life; therefore external measures are to be relied upon, and none have proved of such marked benefit in my hands, as the application of Tartar Emetic.

If you deem this suggestion worthy of a place in your valuable journal, you are at liberty to make it known; I shall be pleased to communicate further upon this subject as circumstances will permit,

I am with much esteem,

Yours truly,

G. W. MAYBERRY, M. D.

DE KALB, (Kemper Co., Miss.,) Oct. 6, 1850. [*N. Lancet.*

ART. V.— *Observations on the Emmenagogue property of Polygala Senega. By* CASPAR MORRIS, M. D., *of Philadelphia.*

Among the articles contributed to the materia medica by our own country, not one is more important than the Polygala senega. However little its virtues may be esteemed abroad, there are few American physicians who do not recognise its importance in the treatment of certain stages of croup and bronchitis. My present object, however, is not to celebrate its praises in affections in which its value is so generally appreciated, but to draw attention to its effects in a class of cases which often baffle the efforts of the physician and cause no little anxiety to the patient—to properties which, though recognised before, have been overlooked or forgotten. It is now more than twenty years since my attention was first directed to the emmenagogue properties of this root. I cannot recal the source from which the knowledge of its virtues was derived, but am disposed to ascribe it to the teaching of Professor Chapman, as I find on reference to his work on therapeutics, that he speaks of them in very strong terms of commendation, and gives the credit of first drawing the attention of the profession to them, to the late Doctor Joseph Hartshorne. At the period to which I refer, I was induced to direct the employment of the Senega for an unmarried lady, of about thirty years of age, suffering from suppression of the menstrual discharge of several months duration, combined with a catarrhal affection. So prompt was the restoration of the uterine discharge, that I considered it a mere coincidence, and remarked it as one of those cases of facts which may be misapplied so as to teach error instead of truth. Since then I have had ample opportunity to verify its claims to the credit of the result.

The tendency of its influence to the sexual and urinary organs has often since arrested my attention, in cases of children to whom I have given it for croup, in which I have found difficult micturition follow its use, sometimes to a degree quite inconvenient. Pereira mentions among its physiological effects, "increased secretion of urine and a feeling of heat in the urinary passages," and adds, "it appears to excite moderately the vascular system, to promote the secretions, (at least those of the kidneys and skin, *uterus* and bronchial membrane,) and to exert a specific influence over the nervous system;" he mentions the fact that "it has been used as an emmenagogue in amenorrhœa." In the Dispensatory of Wood and Bache there is a mere casual allusion to its having been recommended in amenorrhœa; while Dr. Eberle refuses credence to the assertion that it possesses any emmenagogue properties. The strong testimony of Dr. Chapman deserves to be disseminated anew

as it may be overlooked among the many modern works on materia medica and pharmacy. I shall therefore furnish it for the benefit of your readers.

He introduces it first on the list of emmenagogues in the following terms:—

"To Dr. Hartshorne of this city, we owe the credit of having discovered the properties of this article as an emmenagogue. Conversing with him some years ago on the difficulty of managing certain forms of amenorrhœa by the common treatment, he told me that he thought he had used it with advantage in these cases. Confiding in the accuracy of his observations, I determined to lose no time in making trial of the medicine. This I have done since, both in my public and private practice, to a considerable extent, and with sufficient success to warrant me in recommending it as one of the most active, certain, and valuable of the emmenagogues. It may be used either in powder or decoction, though I greatly prefer the latter mode. My rule in the administration of the medicine, is to direct about four ounces of the decoction, more or less, during the day, according to the circumstances of the case. But at the time when the menstrual effort is expected to be made, and till the discharge is actually induced, I increase the dose as far as the stomach will allow, having given sometimes as much as two ounces every hour. In the interval of the menstrual periods, I lay aside the medicine for a week or two, as, without these intermissions, if it does not lose its power, it becomes disgusting to the patient." Dr. Chapman directs the decoction to be made by putting one ounce of the bruised root in a pint of boiling water, in a covered vessel, and reducing it one-third by slowly simmering; and recommends that its nauseating tendency should be averted by the addition of an aromatic bitter. I have not found my patients able to bear so large doses as those indicated by Dr. C., and have been wont to add liquorice root, which disguises the peculiar taste of the senega, and to continue the process until it is reduced to one-half. A tablespoonful three times daily of this strength, is generally tolerated without difficulty. My habit is, when I can determine the period at which the natural tendency to the discharge will occur, to give the medicine in these doses for a fortnight before; and then, as Dr. C. advises, I have suspended it until the same period is again approaching. The causes of interruption to the menstrual discharge, being various, it is of course impossible to find any remedy which will meet every case. Where it depends on debility, or accompanies an anemic state of the system, other remedies than senega are more appropriate, or should be conjoined with it. Iron, aloes and myrrh,

in combination, form an excellent remedy in such cases. The senega is appropriate to those cases where the suppression has been caused by improper exposure, and to those very frequent instances in which there is but little disturbance of the general health.

Every practitioner in our large cities, must have had his attention arrested by the numerous calls for advice on account of obstruction, on the part of newly arrived immigrants; who complain of headache, and miserable general feelings, with swelling of their lower extremities. To what cause we are to ascribe the interruption of the natural functions, under such circumstances, it is difficult to say. The same result has been noticed in the cases of young women coming from the country to Paris. It is not, therefore, due to any impression made by the sea atmosphere, but, very probably, is caused in both cases by a less nutritious diet than has been customary, and the confinement in a vitiated atmosphere.

In those cases in which hemorrhoids, or an irritable condition of the lower bowels, prohibit the resort to the formulæ into which aloes so generally enter, the senega may be resorted to with benefit, and also, when there is a diseased state of the ovaries or uterus itself. I have not yet tried it in cases of dysmenorrhœa, with scanty secretion, but believe it will be found a very admirable remedy for these cases, which are so distressing to the habitual sufferer, and vexatious to the physician. I shall certainly take an early opportunity to test its powers, combined with some of the narcotic extracts. Hellebore and hyoscyamus, have been the agents on which I have heretofore relied, with a good degree of satisfaction; and the senega appears to me to partake of the same character as the hellebore, without that tendency to purge, which in often displayed by the hellebore when given in full doses. I am aware that some of our best teachers are disposed to deny the existence of a class of remedies having a specific tendency to promote the menstrual flow, and rely on general treatment for the restoration of this function when suspended. This is, perhaps, a natural reaction from the disposition to rely on specific remedies in all cases. Either extreme, is unsound. We may not disregard the state of the general health, but must adapt our specific means to meet special indications. I know of no reason to doubt the tendency of certain remedies to produce an action on the uterus in its unimpregnated state, which would not lie with equal force against the action of calomel on the liver and salivary glands, or ergot on the same organ at the time of parturition.—*Medical Examiner.*

ART. V.I—*The "Mange" communicated to three Persons by a Pig. Reported in a Letter to the Editor, by* H. R. CASEY, M. D., *of Columbia County, Ga.*

I will give you the particulars of a conversation held a few days since with a gentleman of this county, and if the deduction I have drawn from the facts as reported is correct, we have presented to us (so far at least as my observation extends) a new disease of the cutaneous system —one hitherto undescribed by dermatologists.

Mr. S. asked me "if I had ever known a man to have the mange?" to which I gave a negative reply: having always understood that it was a disease peculiar to the quadruped. He then asked me "if I thought it possible for a man to catch it from a hog?" I replied, that there are a great many things regarded as impossible, which are not found to be so when subjected to the test—and that this might be one of the cases. He then proceeded to give me the following particulars:

He states that about the first of May last, having a pig badly diseased with the mange, and being desirous to cure him, he had some soap and water got and went to work on him with his hands—and that after giving him a good washing, he striped him almost of his entire *external* with his nails. That he was entirely well at this time; but that in about three hours thereafter, he felt an itching on his hands and wrists, and an eruption which commenced spreading upwards; that about the same time, his ankles began to itch him and the eruption there made its appearance, which also spread upwards and met the eruption from above at the half-way house—the umbilicus; that it reached its hight in about two weeks; that the eruption was characterized by great heat and intolerable itching, composed of small vesicles, which, though not confluent, stood close together over his entire tegumentary tissue. Thus was he at the time of his commencement with the ablution—a sound and healthy man — but in a very short time thereafter, he was transformed into a Lazarus. He thought he had contracted his disease from the pig, and went to work to cure himself, using first the soap and water. This not benefiting him, he was bled and took salts. This failing, he tried *pot-liquor* — then the grease from fried bacon — then a solution of blue-stone. He does not think that any of the means used had any control whatever over the disease, but that it seemed to pursue its course, knowing no conqueror, until it finally wore itself out, in about five weeks.

Now, from the above narrative, I can but infer that the disease in question was one identical with the mange, and that it was communicated from the quadruped to the man. And I am further strengthened in this view of the case, from the fact — that a female and the negro boy

who held the pig while being subjected to treatment, became in like manner affected. The view I have taken of this case, I know to be in direct conflict with the long-established dogmas of the veterinary school, but I think I am sustained in my position from the facts of the case, and "facts are stubborn things." By reference to the *"History of the Horse,"* I find the following language. The author, in speaking of the contagiousness of the mange, goes on to say — "if the same brush or curry-comb be used on all the horses, the propagation of mange is assured; and horses feeding in the same pasture with mangy ones, rarely escape, from the propensity they have to nibble one another. Mange in cattle has been propagated to the horse, and from the horse to cattle; but there is no authenticated instance of the same disease being communicated from the dog to the horse. There is as much difference in the character and eruption of mange in the horse and dog, as between either of them and the itch in the human subject; and the itch has never been communicated to the quadruped, *nor the mange of the quadruped to the human being.*"

My only reply to the above quotation, is the presentation of the case related; and if I am not sustained in my corollary from the facts of the case, this article will go for nothing. I pretend to no familiarity with cutaneous diseases; but if I were called upon to classify the mange, I should locate it in the group *dermatoses scabienses* of Wilson, not only from the pathology, but also from the therapeia of the disease; for I find sulphur the anchor of safety to the veterinary surgeon. Nor do I think there is any thing very strange in all this; and the only reason why we have never before had the mange communicated to man arises simply, I think, from the fact, that in all probability more caution has hitherto been experienced than was in the case before us. We have examples of other diseases occuring in the human subject, the result of propagation from the lower order of animals. In the Revue Medicale of July, 1845, we have detailed a case of an officer who took the glanders and farcy from a horse, and in which experiments were made by M. Andouard, to test the contagiousness of the human fluid introduced into other animals, the results of which experiments went to prove that the disease was not only communicable to man from the horse, but that the disease was again transmissible from the human subject to the quadruped. In the Southern Medical and Surgical Journal, Nov., 1847, we have a case of Glanders in the human subject, derived from the horse, reported as occurring in your own city. Other diseases might be mentioned occurring in the great paragon of animals, communicated

from the lower order; but I have already spun out this article to a greater length than was designed at its commencement, and will conclude by merely advising those persons who may have to treat the mange in stock, to touch it lightly, and never make a curry-comb of their hands: to which injunction I know my friend F. will say amen. *Southern Medical and Surgical Journal.*

ART. IV.—*Arsenical Paralysis. Case reported by* F. P. COLTON, M. D.

Charles Wilson, 41, Swede, seaman, was admitted into Hospital, Dec. 1st, 1849. He states that accidently, about five months ago, he swallowed some arsenic, which had been laid aside for the purpose of killing rats; that remedies were promptly used, which counteracted the primary effects of the poison: felt perfectly well for seven days afterwards, was then attacked at night with a violent cramp in idex finger of right hand, successively invading the other fingers, and lastly the thumb, then attacking the other hand in the same manner, and finally the feet, the pain in hands subsiding as the feet became affected: that the whole duration of cramp was about thirty minutes, after which he fell into a sound sleep, which continued until morning: that when he awoke felt free from pain, but on attempting to rise, was surprised to find that he had lost the use of the affected parts, and was, in fact, perfectly helpless; and that this paralysis has continued unchanged to the present time, accompanied with a feeling of heat and numbness, which invaded the upper extremities, from tips of fingers to a point about three inches below the elbow, and the legs, from the toes to a point a little below the knee. Has also had lancinating pains in these parts, regularly commencing about 5 P. M., and continuing until midnight.

Now paralysis and nocturnal pains continue as above stated. He can neither feed himself, nor stand alone when placed upon his feet. Has dryness in throat and great thirst. Nothing remarkable about general aspect or symptoms. He has been subjected to a variety of treatment before his admission here. Has been mercurialized and taken Potass. Iod. (Anodynes, warm baths, good diet.)

July 14th.—Has used for a time Quin. Sulph. Strychnine, in ordinary doses, and Electricity, persevered in for a considerable time. Has slowly and pretty steadily improved. About January 7th, first began to walk with a shuffling, unsteady gait; soon after could use his hands in feeding himself. Now can walk quite well, grasps the hand with some firmness, but cannot yet button his own clothing: has had no pain for some time, save in the approach of stormy weather, when peculiar painful

sensations are perceived in fingers. On Jan. 10th, his urine, as tested by Professor Reid, was found to contain arsenic, estimated at $\frac{1}{170000}$th part, but on May 13th all trace of the poison had disappeared.

July 15th.—Discharged relieved.

Physicians in attendance, Drs. Smith, Swett, Griscom, and Bulkley.

Remarks.—A case similar to the one related occurred here in 1847. The subject was a middle aged female, who had taken arsenic for suicidal purposes. She suffered also from paralysis of upper and lower extremities, with excruciating pains of these members. When I last heard from her, Dec. 1849, she had nearly recovered.

Another case is related by Dr. Hastings, in Braithwaite's Retrospect, Vol. XVIII, art. 22, of partial paralysis of upper and lower extremities, with a burning pain in feet; following the prolonged use of Liquor Arsenicalis.—*New-York Jour. of Medicine.*

Art. III.—*Bubo perforating the Abdomen—Peritonitis. Case reported by* Frederick D. Lente, M. D.

P. E———, æt. 22, Scotland, machinist, admitted into Ward 11 of the First Surgical Division, May 30th, 1850, (attendance of Dr. A. C. Post,) with a suppurating bubo in the left groin, which is discharging an ill-conditioned pus profusely from a spontaneous opening. The bubo first appeared three weeks ago, since which time patient has been working at his laborious occupation, which requires him to sit, and in which a violent strain is brought upon the abdominal muscles; he has had no treatment. The seat of the bubo is above Poupart's ligament, but much nearer the ant. sup. spine of the ilium than usual: in fact, the undermining of the integument extends beyond this point; there is no undermining of integument below the opening, but the depth is greater here than at any other point, and there is a circumscribed livid discoloration of the surface, the latter being of a florid healthy color elsewhere. (This was observed subsequently.) Five months ago patient had chancre, followed by bubo situated an inch or two below the present, where there is now the cicatrix of the opening which was made to give exit to the matter: has had no chancre since, and no purulent discharge from the urethra. Patient is a man of considerable respectability, and of tolerable steady habits; general health fair.

Treatment.—Ordered cataplasm: low diet.

June 1st.—The discharge continues very profuse, but its character has improved; all inflammation has subsided. Patient was accordingly brought under the influence of Sulph. Ether, and the unhealthy, under-

mined integument pared off with sharp scissors, so as to expose the surface of the ulcer and allow of proper dressings. Ordered application of cold water.

June 5th.—The ulcer is now discharging pus from the cut edges; the surface looks healthy, except at the above mentioned point. Ordered to apply the Ungt. Peruv. to the surface; continue the cold water to the surrounding surface.

June 6th.—Discharge less profuse.

June 8th.—Patient continued to do well until 10 o'clock last evening, when, according to the statement of the nurse (who neglected to inform me of it until the morning), he was attacked with profuse and frequent discharges from the stomach and rectum; a large mustard poultice was applied by the nurse to the epigastrium and abdomen, which afforded some relief, but the vomiting and purging still continued. At 9 o'clock, A. M., found patient very much prostrated, countenance sunken and livid, skin rather cool, pulse so rapid as scarcely to admit of numbering, and very small; mind clear; *no pain on pressure* on the abdomen or epigastrium; only complains of slight pain when he is about to have a discharge from his bowels. Ordered an enema of Tr. opii, ʒij Mucil. G. A. ʒiij, and to take ℞. Cal. gr. x opii. gr. i. M. Sinapism to epigastrium, ice, and Haust. Efferves internally, to quiet the irritability of the stomach. 6 o'clock, P. M. Patient has been very comfortable since morning; has neither vomited nor purged; has slept none; is now lying on his back reading a newspaper. Complains now, for the first time, of some pain on pressure over the lower part of the abdomen, in the neighborhood of the pubes: a reddish livid discoloration of either cheek is observed, pulse has scarcely improved. Will not allow the bed clothes to remain upon him; skin pleasantly warm. Ordered camphor cataplasm to abdomen. 12 o'clock, P. M. The irritability of the stomach has returned, the tenderness on pressure has also increased somewhat, pulse more feeble. Ordered, porter with lime-water, also ℞. Haust. Efferves ʒviij; Acid Hydrocy. m. x M.; ʒss. q. 1. h. Emp. Vesic. to epigastrium, in connection with other remedies.

June 9th. 7 o'clock, A. M.—Patient had three passages from the bowels last night, and enema of Tr. Opii, ʒi. was ordered. The vomiting continues unchecked. The blister has produced no vesication. Ordered a dozen leeches to the epigastrium and abdomen, to be followed by warm fomentations. The pulse is more frequent and feeble. Stimulants of various kinds, in small quantities, have been administered both by the mouth and rectum, but they are now all ejected. Can retain nothing but ice on the stomach; the abdominal tenderness has increased, but is still not urgent. Patient died at 7 o'clock, P. M.

Autopsy, sixteen hours after death.—An examination was only allowed of the abdomen. Before making an incision, examined the bubo with a probe, which passed into the cavity of the abdomen its whole length without difficulty. Upon laying open the latter, a quantity of serum, rendered turbid by lymph, gushed out, and the intestines throughout were seen to be glued together by recent exudation of lymph, and the vessels of the peritoneum generally injected. Upon tracing the intestine along towards the bubo, found the large bowel, just before it gives place to the sigmoid flexure, firmly glued to the internal wall of the abdomen, at a point corresponding to the situation of the bubo, by fibrinous bands, to the extent of an inch or more; these were evidently the product of recent inflammation, but admitted of considerable traction without giving way; the intestine was now slit open, and the ulceration found not to have communicated with it. The opening into the peritoneal cavity was found to be near the left sacro-iliac synchondrosis, close to the bifurcation of the common iliac artery, and was about one-third of an inch in diameter, being of a circular form; pus was seen oozing from it into the peritoneal cavity. Other abdominal organs, except those mentioned, were found to be healthy.

Remarks.—This is probably the only case of perforation of the abdomen by a bubo, on record; and this fact prevented a suspicion of the actual state of the case until after death, and also an ante-mortem examination with the probe, which would have revealed the origin of the obstinate symptoms above enumerated. An attempt was made by nature in this case, such as she often makes in similar difficulties, to avert a fatal issue by causing the opening to take place into the cavity of the large intestine instead of into that of the peritoneum; for this purpose, the former was glued to the latter at the point where the communication should have taken place, but unfortunately, the matter took a longer course, and opened beyond the adhesion.—*Ibid.*

☞ We are anxious to place the following communication before our readers, notwithstanding its length. The plan of employing Iodine injections in dropsical affections, other than that of Hydrocele, is new and deserves the consideration of the profession. ED.

ART. IX.—*On the treatment of Dropsical Affections, by Injection of Iodine, &c. By* DANIEL BRAINARD, *M. D., Prof. of Surgery, in Rush Medical College.*

In the Nos. of this Journal for Jan., 1848, and Feb., 1849, I related a case of Spina Bifida, treated by injections of Iodine and Iodide Potassium in solution.

The number of injections used in that case was fifteen, and the time required for the cure ten months, viz: from December, 1847, to October, 1848. The strength of the solution used varied from ½ gr. Iodine, and gr. j. Iod. Pot. to the oz. of Dist. Water to gr. jv. Iodine, and gr. vj. Iod. Pot. to the oz. of water.

The cure was perfect and permanent, the patient remaining in good health to the present time.

This, the first of my published cases, was not, by any means, the first case of dropsical effusion in which I had used injections. As early as Dec., 1845, I threw into the peritoneum gr. xv. Iod. Potass, dissolved in f. oz. j. dist. water, after having, as perfectly as possible, evacuated the fluid, by tapping. An acute, smarting pain was produced, which subsided in a few minutes, and no sign of inflammation followed. The patient returned home, and I lost sight of him.

Since that time, Dr. F. Hagemann, of this city, injected the peritoneum of a dropsical patient twice, at my request. I have not notes of the case; it was one of incurable organic diseases, but the injections produced no inflammation.

During the past winter I injected the abdomen of a patient laboring under general dropsy, as well as ascites from disease of the heart, with gr. jv. Iodine and gr. viij. Iod. Pot., in solution without drawing off the fluid. It was followed by no signs of inflammation, but the fluid in the peritoneum was absorbed, and a great amelioration of symptoms followed.

These were all supposed to be hopeless cases of disease in which the injection was used, not with the expectation of cure, but to ascertain the danger which there might be of producing inflammation. The result, in that respect, was perfectly satisfactory. I can now also add two other cases treated in a similar manner; one by Dr. M. Clure, of Dundee, Ill., and another by Prof. Mussey. These gentlemen have stated to me that they have recently used the injection without inflammation resulting. In the Am. Journal of Medicine, for Oct., 1847, p 491, is the report of a case of ascites, cured by Mr. Leriche, of Lyons, in this manner. The injection was strong, and made, in this instance, after all the fluid had been drawn off.

This practice seems to have been tried with success a long time ago. Pereira speaks of it, and refers to the philosophical transaction of 1744.

Samuel Cooper, in his Surgical Dictionary, says he has seen two fatal cases from the practice. As they were both, as far as can be judged, from the injection of alcohol, after the fluid was evacuated by tapping, it is only surprising that one of the patients should have survived for a

long time. Such cases do not authorize us to reject the practice when properly conducted, or justify the conclusion that it is necessarily dangerous.

It may, then, be considered an established fact that injections of this kind may be made, with suitable care, without danger of producing inflammation. It remained to be shown that dropsical effusions could be cured without such inflammation or adhesion of the sac in which it was situated.

A man applied to me during the past winter, with a large hydrocele, of eighteen months' standing. Injected f. dr. j. of a solution of Iod. Potas. and Iodine, gr. j. of the latter to gr. xij. of the former, to the oz. of water, without drawing off any fluid, the solution being thrown in through an exploring canula. This was subsequently repeated twice, and at the end of six weeks scarcely any trace of effusion remained, the man having continued his labor, and felt but slight tenderness in the organ.

Three cases of Spina Bifida have recently fallen under my care, all associated with hydrocephalus, in a greater or less degree, and rendered, therefore, unfavorable for perfect cure. I did not, on this account, neglect the opportunities they offered to test the effect of the Iodine treatment.

CHICAGO, April 12, 1849.

Case I.—I was called to see an infant, delivered by a midwife about an hour previously, affected with a Spina Bifida, situated upon the lower part of the lumbar division of the spine, which had been ruptured during labor. It seemed to have been about the size of the closed fist. At the point where it was ruptured, the sac was formed by little else than the membranes, being almost transparent over a space of one inch in length and two lines in breadth. The child was cold, and breathed with difficulty. I laid open the sac to the extent of the transparent part of its coverings, and saw the opening into the spinal canal, which was small —not large enough to admit the point of the little finger. Folding the collapsed sac together, I placed a compress upon it, and a band around the body, and directed the child to be warmed by artificial heat.

13th. Found the serum which had escaped and dried upon the compress, had closed the opening, and that the sac was distended with serum. Child warm, and had taken food.

14th and 15th. Remains in the same state.

16th. The sac has opened and discharged serum slowly. Child shows signs of spasmodic action. I re-opened the sac, and touching the surface around the opening into the spinal canal, with Nit. Arg., again folded the sides together and applied a compress, and bound it with as much force as was judged safe.

17th. Sac much inflamed; discharge of reddish serum. Child restless and feverish, but takes the breast. The discharge continued colored slightly, and gradually became offensive till the 25th, when I injected the sac with the following solution: Iodine, gr. jv.; Iod. Pot., grs. xij, to the oz. of distilled water, most of which escaped, but some was doubtless retained by the compress.

27th. Discharge less offensive and yellowish; sac much contracted, and of a deep red color. Child appears well, and takes the breast freely.

30th. Injection of oz. ss; of sol., as before; discharge purulent; less offensive.

May 2d. Injected with sol. Sul. Copper, gr. j. to the oz. of water. Child well; discharge thin and purulent.

May 4th. Repeated the same. Child well; tumor subsiding.

6th. Repeated the injection.

May 12th. Opening closed. Child appears in health; head enlarged —bones separated.

During the whole of this time the child grew, and seemed in perfect health until

June 1st. Child died suddenly, of convulsions.

This case undoubtedly resulted fatally, from closing the fistulous opening in the back too soon, but it illustrates, in a striking manner, the favorable effect of injections into the spinal canal, and the little danger of inflammation to be apprehended from their use.

I was not at the time aware of the danger of keeping compresses over such an opening, and held, in common with the whole profession, the erroneous opinion that the danger in cases of inflammation of the meninges of the brain and spinal cord was greatest where an opening existed.

This is an error which has recently been pointed out by Dr. Thompson, of Columbus, Ohio. Far from closing such an opening, the sac should be punctured in cases of Spina Bifida, when violent inflammation of the membranes results from treatment and injections used, if the discharge is profuse and offensive.

Case II.—Spina Bifida, complicated with Hydrocephalus, treated with injections of Iodine.

Feb. 12, 1850. Was called to see a female child, three months old, born at seven months, excessively feeble at birth, and affected with Hydrocephalus and Spina Bifida. The tumor occupied the lumbar region; was $3\frac{1}{2}$ inches in length, $2\frac{1}{2}$ in breadth, and $1\frac{1}{2}$ in elevation; elastic, fluctuating, semi-transparent.

I made a puncture with an exploring trochar 2 lines from the base of

the tumor, and without drawing off the fluid injected 2-3 of a dr. of the following solution: Iodine gr. j.; Iod. Pot., gr. iij.; Aq. Dist., f. oz. j.; making 1-12 gr. Iodine, and ¼ Iod. Pot. thrown in.

Feb. 13th. Tumor tense and hot; pressure on it produces twitching of the limbs. Directed the child to be laid upon its face, and evaporating lotions applied to the part.

14th. Child appears well; tumor tense.

17th. Tumor flaccid, and reduced one-fourth in size. Injected 1-6 gr. Tannin in 2-3 f. dr. j. Dist. Water.

18th. Child restless and feverish; tumor hot, tense. Applied evaporating lotions, and gave a purge of Castor Oil.

19th. Child appears well. Applied solution of Gun Cotton to tumor.

March 2d. Tumor which had been flaccid and greatly reduced in size, commences to increase. Injected Sol. Tannin, as before, and with the same result.

7th. Injected gr. ss. Iodine, and gr. j. Iod. Pot. in f. dr. j. of Distilled Water. But slight symptoms of inflammation resulted. Tumor diminishing rapidly in size, and becoming firmer, and of a flesh color.

10th. Repeated injection. Soon after the injection, twitching of the members occurred; the solution was therefore drawn off, and the sac partially filled with Dist. Water. The twitching immediately subsided. The child took the breast, and appeared in its usual health, and continued so for eighteen hours. At the end of that time, in the night, the mother noticed the child to be unwell, and, lighting a candle, found it in convulsions, of which it died. Such was the account given by the parents, who were sleeping in the bed with the child. Some circumstances prevented me from giving implicit credit to the account.

Prof. Davis assisted at the examination of tumor, twelve hours after death. The opening into the spinal canal was entirely closed. The sac contained f. dr. j. clear serum; its walls were thick and firm, without any effusion of lymph or unnatural vascularity. The head was tense and had increased rapidly in size for a few days before death. Dr. Davis coincided with me, in the opinion that there was no sign of irritation about the tumor, to account for death. On the contrary, the effect of five injections in four weeks, in diminishing the size of the tumor, thickening its walls and closing up the opening into the spinal canal, without symptoms of inflammation, furnish the best evidence which could be desired of the efficiency and safety of the treatment. The Tannin was twice substituted for the Iodine solution, under the supposition that its astringency would be more effective in preventing effusion; it was found, however, to produce more inflammation, with less tendency to diminution afterwards, and was therefore discontinued.

It may be stated that, from the time of the first injection, the child, which had before been puny, began to thrive, and grew rapidly up to the time of its death.

III.—Case of Spina Bifida and Hydrocephalus, treated with Iodine injections.

Sept. 20, 1849. Saw a female child of Mr. R., aged 4 days, affected with cleft spine and Hydrocephalus.

The cleft of the spine was situated at the lower part of the lumbar region, was about 3 inches in length and 1½ in breadth; the abdomen was prominent, particularly on each side, the divisions of the spinal column, movable, showing that the want of union was not confined to the processes, but extended to the bodies of the vertebræ.

There was a fluctuating tumor situated over the fissure, about ¾ of an inch above the surface of the surrounding skin. Its covering was then of a bluish color, semi transparent, and seemed composed of the thin membranes of the spinal cord, and the cuticle alone. Indeed, this latter was wanting over a considerable surface, where an ulceration of the size of a shilling existed.

The head was of large size, measuring 19 inches around the frontal and parietal protuberances. The upper part of the parietal and occipital bones was wanting, and the head bulged out into a very irregular, tense, and perfectly elastic sac. The other bones were imperfectly ossified and separated. The head was hot, covered with large veins, and increased rapidly in size. The right foot was affected with a Talipes varus, and the movement of the lower extremities was feeble.

The urine dribbled away, and excoriated the skin extensively.

Applications of Nit. Arg., in solution, were directed for the ulcerated spot until it was nearly healed. Cold water was applied to the head to keep down the heat.

Oct. 9, at 12½ o'clock, the treatment was commenced as follows:—

A very minute puncture was made with the point of the lancet, through the skin, half an inch below the tumor of the back, and a small sized exploring trochar passed from it obliquely upward into the sac. Without allowing the escape of more than a few drops of fluid, f. dr. ss. of a solution of Iodine, of the following strength was injected. Iodine, gr. j. Iod. Pot., gr. ij.; Aq. Dist. f. oz. j. Making 1-16 gr. of Iodine and ½ gr. of Hyd. Potas. in the injection. The puncture and surface of the tumor were then covered with a solution of Gun Cotton. No pain was felt except at the moment of puncturing the skin, and from the application of the liquid plaster. I was assisted by Professor Evans and Herrick, and Dr. Meek, editor of the N. W. Journal of Medicine.

10th. 12 o'clock, M. Found the child had been restless from the time of the operation until 6 o'clock, P. M., when it became quiet; seems well. Veins of head less turgid than since its birth.

11th. Child appears well; head less tense. Applied adhesive liquid to tumor and continued cold water to head.

12th. Head tense; increased in size ½ inch. Tumor of back flaccid, flattened and slightly inflamed.

13th. Tumor of back diminishing; head increasing rapidly. Ulceration of back quite cicatrized.

In consequence of the rapid increase in the size of the head, I determined to inject it without waiting, as I had intended to do, for the cure of the back to be completed. This was accordingly done with the assistance of Drs. Evans and Rutter. The point chosen was that most projecting on the summit and left side of the head.

About ½ dr. of fluid was allowed to escape. The same quantity of the solution (of the strength before given) injected, and the puncture covered with adhesive solution. Child seemed to suffer no pain except from puncture and application of ether upon the point.

14th, 15th, 16th. Head hotter, and increased in size; appears well.

16th. 3 o'clock, P. M. The puncture of head commenced leaking, which was stopped by Dr. Herrick with collodion.

17th, at 4 o'clock, A. M,, leaked again, and was stopped by a compress and bandage. Head flaccid; child irritable, sleepless, and starting.

19th. Head filling. To avoid danger of leaking from former puncture, 1½ oz. of fluid was drawn off by a very oblique puncture on the right side.

20th. Child restless; affected with aphthæ. Head hot.

21st. Child appears well; head natural.

31st. Head, which was stationary, has commenced to increase; measures 20 inches in circumference. It was injected at 5 o'clock, P. M., with f. dr. jss. of the solution. The puncture was made obliquely upon the summit of the right side.

Nov. 1st. For 24 hours, no effect was perceptible. At the end of this time, it commenced to be restless and sleepless, twitching often, and declined the breast. Evaporating lotions were applied to the head; a cathartic of Castor Oil administered.

2d. The child was much relieved, and took the breast. Head stationary—the whole of the back part of it covered with a red blush which had gradually spread from the puncture.

3d. Child restless. Head hot and red at the back part.

4th. Heat less; redness almost gone; head diminished in circumference, 3-4 inch in 24 hours.

5th. Child restless; head flaccid, diminished in size. Applied a band of India rubber, 4 inches broad, about it, to compress it.

6th. Has slept well from the time of application of band. Head diminishing.

7th. Continues to diminish. India rubber exchanged for a band of cotton.

From the 7th to 24th, pressure continued; little change in head; remains stationary, at about 19 inches in circumference.

24th. Threw in 3-4 of a dr. of solution; no effect.

Dec. 2d. Injected f. d. jss. of solution. Head increasing; no effect.

15th. Head soft; diminished in size ½ inch in 24 hours.

At the first injection, but little fluid was allowed to escape. It was transparent, and showed, under the microscope, some epithelium cells. At the last operation, about one oz. was withdrawn; it was of a straw color; gave a slight cloud on application of heat, and was gelatinous on evaporation.

28th. Injected f. dr. jss. of the following solution: Iodine, iij.; Iod. Pot., gr. vj.; Aq. Dist., oz. j.; no effect.

30th. Threw in f. dr. jss. of the following solution: Iodine, grs. jvss.; Iod. Pot. gr. xij.; Aq. Dist. oz. j. No effect.

1850, Jan. 5th. Head is increasing rapidly; measures 22 inches in circumference.

Injected gr. ij. Iodine; grs. v. Iod. Pot., in f. dr. ij. Dist. Water. The fluid drawn off this time amounted to oz. iij.; was clear: exhibited, on standing, a filamentous appearance, like an exceedingly slight coagulum, and yielded, with starch, no trace of Iodine.

9th. Child was restless, and head slightly hotter than usual, after the last injection.

12th. Child well; head flaccid. Drew off oz. xij. fluid, and injected the same quantity as before, of the solution.

15th. Child slightly restless after injection, but soon becomes quiet, and exhibited no effect except a free secretion of tears and mucus from the eyes.

18th. Injected gr. jv. Iodine, and Iod. Pot., gr. x. in f. dr. vj. water.

19th. No effect except the secretions from the eyes.

22d. Child in perfect health; appears unusually bright, and is very active, moving its hands actively, and its feet slightly. Tumor of back reduced to a level with the surrounding skin. Urine retained naturally, and the excoriations healed.

26th. Drew off oz. xvj. fluid, and injected gr. vij. Iodine, and gr. xxjv. Iod. Pot., in water, f. oz. j.

Scarcely any effect was produced by this injection. The head was stationary for about four days after the injection, and then gradually increaced. Compression by adhesive straps, bandages and Gun Cotton were tried perseveringly, without effect. Head 24 inches in circumference.

February 4th. Drew off f. oz. xxjv., and injected gr. xij. Iodine, and gr. xxxvj. Iod. Pot. in oz. j. water. No effect was produced at the moment; but in the evening; 12 hours after the injection, there was twitching of the limbs and vomiting. The matter vomited colored the starched dress of the child of a dark color. The dress, diapers, bed and handkerchief used on it were impregnated with the Iodine odor for about three days after the injection, but the most careful tests, by Prof. Blaney, with starch, after adding chlorine water, never detected any trace of Iodine in the fluid drawn from the head.

19th. For several days the head remained stationary, but has commenced to enlarge. Injected gr. x. Iodine, with gr. xxx. Iod. Pot., after evacuating oz. xxjv. fluid. Head in this and other cases, when much fluid was drawn, supported with adhesive straps and bandages.

Effect the same as in the last instance; cold lotions were applied to the head, and purge of Castor Oil given.

March 5th. Head increasing. Drew off xxjv. oz. fluid, and injected the same quantity as before. Applied a laced cap to the head.

The symptoms resulting from this injection were but slight.

9th. Drew off vj. oz. fluid, and repeated the same injection. This quantity reduced the head to the same size as before, by which it appears that 1½ oz. serum formed daily.

Remark. During the treatment for the last two months, the child has grown rapidly; the face, which was triangular and thin, has filled up, is fat and firm; the skin, from being pale, is become ruddy; the limbs are firm, and the skin of the head, from having been glistening, smooth, with but little hair and large veins ramifying over it, is covered with a thick growth of hair, and appears very natural; the bones of the opposite sides touch, and the head is 20 inches in circumference; the bones being thick and firm. The tumor of back is entirely obliterated, and the skin in its former position becoming firm and of natural color.

10th. No effect; head paler than natural.

11th, 12th. Child restless.

15th. Is in good health. Drew off f, oz. vi;, and injected gr. vij. Iodine, with gr. xxj. Iod. Pot. in oz. j. of water.

20th. No effect from last injection; used gr. x. Iodine, with thrice the quantity Iod. Pot. in the oz. water. Fluid drawn, oz. vj. A few bubbles of air probably passed in with the injection.

21st. Has had twitching. Head pale.

27th. Drew off the same quantity, and injected as before.

28th. Little effect; dress colored by matters vomited.

April 3d. Repeated the injection with gr. xij. Iodine, and gr. xxxvj. Iod. Pot. to the f. oz. of water. It produced vomiting and purging of matters which colored the clothing. It is probable the materials used were not pure, as they were not procured from the usual shop, and had a different effect from any former injection. Since the first commencement of the treatment it had been noticed that immediately after tapping, or while the head was diminishing in size, the child was wakeful, nervous, and affected with muscular twitching, on the slightest cause, while, on the contrary, it was quiet and had a tendency to sleep when the head was full and increasing in size. Recently this tendency to somnolence has greatly increased—so much so that it could be at times scarcely roused. It was evident the disease was approaching its natural termination.

11th. Threw in gr. ix. Iodine, with gr. xxvij. Iod. Pot. in f. oz. j. Dist. Water, after withdrawing oz. vj. liquid. Slight twitching of the limbs the next day.

17th. Repeated the same quantity, after withdrawing f. oz. viij. liquid.

After about 12 hours had elapsed, the child was affected with severe and dangerous symptoms, twitching, vomiting of matters which colored the clothing dark. These symptoms continued 48 hours, and were the worst the child had experienced since the commencement of the treatment.

The analogy supposed to exist between Spina Biffda and Hydrocephalus had at first given rise to the expectation that the treatment of the latter disease, by injections of Iodine, would be found efficient in its cure. This hope, after a fair trial, had in this case been abandoned, but the treatment was still continued, in the hope that its obvious effects in retarding the increases of the head might enable the bones to close at a size which would allow of health and intelligence in the child.

The gradually increasing severity of the symptoms, following each injection, and the tendency to somnolence and diminish activity and intelligence of the child, suggested the propriety of suspending their use.

Accordingly, on the 2d May, I drew off viij. oz. fluid, without any injection, the tension of the head and somnolence rendering such relief necessary. For two or three days, this offered relief, but fluid accumulated with unusual rapidity, so much so that during my absence, in attendance on the National Medical Convention, at Cincinnati, the head

attained a great size, the child became somnolent, and Prof. Herrick was called on to tap the head, which he did, May 12th, to the extent of vj. oz., with but partial relief.

It was in this condition that the head was found on my return, May 14. It was greatly increased in size, hotter than usual, covered with large, branching veins, and the child somnolent.

Notwithstanding the approaching fatal result of the case was apparent, yet the rapid aggravation of the spmptoms under the treatment by tapping alone as compared with that by tapping and injection, induced us to resort again to this latter, as a palliation; accordingly, on the 15th, I threw in gr. vj. Iodine, with thrice that quantity Iod. Pot. in oz. j. water. The amount of fluid previously drawn off was oz. xij.

No perceptible effect was produced for 12½ hours, when the child commenced vomiting and purging, fell into a convulsion and died immediately.

EXAMINATION AFTER DEATH.

The back, in the situation of the former tumor, was found smooth. firm, with but slight traces of disease. A cure of the Spina Bifida had evidently been effected.

On laying open the cranium, two-and-a-half pints of clear fluid was discharged. This contained, principally, in the enlarged ventricles, there being but a thin layer on the surface. The arachnoid membrane was in a perfectly natural state, thin, polished, delicate; without any thickening or opacity. At the point where all the punctures but two had been made, the two layers of the arachnoid were closely adherent to each other. So that all the injections had been made into the ventricles, and not, as I had thought probable, into the sac of the arachnoid. The deception, in this respect, arose from the extreme tenuity of the ventricular walls, which over the upper part of the cerebrum were scarcely a line in thickness, and at points composed of the investing membranes of the organ, the cerebral substance having entirely given away, so that the canula could be easily felt, when in the ventricle, by the finger on the outside of the head.

Descending to the lower surface of the cerebrum, the walls of the cavity became thicker. The optic thalami, and corpora striata, although separated from each other, were entire, and, with the exception of flattening, in their natural state. The corpora quadragemina, medulla oblongata, and cerebellum, were well developed and healthy.

The internal surface of the immense cavity, was composed of white nervous tissue, firm and smooth, except at points where there were slight elevations, without any sign of lymph effused or unusual vascularity. Indeed, the whole substance of brain and its membranes, seemed less

vascular than natural. The corpus callosum, extremely thin but not divided, formed the roof of the cavity. The *iter ad infundibulum* was dilated, but the *aquaduct of Sylivus* seemed not pervious without pressure. On the floor of the cavity lay the choroid plexus hypertrophied, and resembling a congeries of mucous follicles, rather than the natural condition of the membrane.

Between the cerebrum and the cerebellum was found a cyst of the size of a small plum, containing a serous fluid. On opening this, there was found a small surface, resembling entirely that of the choroid plexus in the large cavity.

This circumstance, together with the perfectly healthy appearance of the arachnoid, induced Prof. Herrick, who assisted me in this examination, to believe that the common opinion, that *internal* chronic Hydrocephalus originates from the arachnoid membrane, in so far, at least, as this case is concerned, is erroneous. He thinks the diseased choroid plexus was the source of the fluid. On examining that tissue with the microscope, his opinion (in which Prof. Davis concurred) was confirmed, for he found in this tissue, a great number of cells, arranged in groups, or in form of racemes attached to a common foot-stalk.

I am under the deepest obligation to Prof. Herrick, for assistance during the treatment of this case. I was also assisted by Profs. Evans, Blaney, Davis, Dr. David Rutter, and several other medical friends.

The inferences which I think may be legitimately drawn from these cases, are:

1. Injections into cavities affected with Dropsies, may be made without great danger; the violence of the symptoms will depend upon the strength of the injection, the quantity of the fluid present, and the duration of the disease. Old cases, when the membrane is thickened, or when the quantity of fluid is great, or when the surface has gradually become accustomed to the presence of the fluid, are those in which there is least danger to be apprehended.

2. Spina Bifida is generally a curable disease by such a treatment, Still I would by no means assert that success can be always expected. It is sometimes associated with mal-formations or incurable disease. The internal surface of the sac is often inlaid, in a great part of its surface. by the trunks of the sacral nerves. A puncture of one of these, whether in tapping, injecting or acupuncture, may be followed by serious results. This frequent presence of nervous trunks, is a fatal objection to excision of the coverings of the tumor, to fetch the edges together by stitches.

In addition, Erysipelas or convulsions may occur in such cases, from a simple puncture.

Still, in general, I have no doubt the treatment will be found, as compared with any other known method, safe and efficient.

The following are the circumstances to which I would particularly call attention as necessary to its safety and success.

Using not more than 1-32d part of a gr. Iodine, and three times as much Iod. Pot. at the commencement, dissolved in Dist. Water, and *be sure it is of perfect purity, and the solution recently made.*

As long as it produces moderate inflammation, do not increase the quantity.

Make the puncture 1-4th inch from the base of the tumor, in sound skin; it is much safer.

Do not evacuate the tumor, or, if it escapes, replace the fluid drawn off by Dist. Water.

If spasms should occur, the fluid might be withdrawn and Dist. Water injected.

The child should be laid upon its face, and if heat and tension occur, cold be applied to the part and head.

As soon as the tension is past, collodion should be applied and re-applied as long as it continues to diminish in size. When it ceases or increases, a new injection should be made.

3. The cases of ascites treated by me thus far, in this method, were such as offered favorable opportunities for testing injections in reference to the inflammation they might produce; it was necessary first to remove an erroneous opinion concerning their danger. I regretted, afterwards, not having continued their use, with the object of effecting a cure.

It is probable that inflammation has little or no connection with the cure of Dropsies by injection. It is only necessary, in such cases, to change the elements of the fluid, in some considerable degree, and the tendency to effusion ceases, the action of absorption becomes more rapid. It might be supposed that the case here narrated, of Hydrocephalus, militates against this opinion. We have already shown that it is most probable that the fluid in that case was the result of secretion from a morbid glandular structure in the choroid plexus, and not, by any means, an exhalation from the surface of the arachnoid membrane. If it were otherwise, and Hydrocephalus were analagous to ascites, anasarca and other serous effusions, the want of success in curing it would not militate against its utility in other cases. To any one who saw the child at the commencement of the treatment, and observed the rapidity with which the head increased, there could be no doubt that, without treatment, the term of its life could be but a few days or weeks, at farthest. That the treatment cured the back, removed, in a great degree,

the paralysis, and modified and retarded the progress of the disease in the head, will afford encouragement for applying it in any case less certainly fatal than that disease.

The effect of these injections, in filling and saturating every part of the system with the medicine, should not be overlooked. In the hydrocephalic child, the most violent symptoms followed effusion of the Iodine into the stomach. There was no salivation, as is the case when the medicine is thrown into the veins. Several years since, having occasion to treat a vascular tumor, of a doubtful nature, I threw into it a small quantity (the notes are not at hand) of Iodine and Hyd. Potash, in solution. In a few seconds the patient experienced a better taste in the mouth, and a free salivation which lasted a week. It was composed simply of enlarged veins, and the medicine had entered the circulation.

Convinced of this fact, the operation was repeated with the same result. In the case of injections into the head, on the contrary, the effect seemed to be to invigorate nutrition, and fatten the child, which grew, notwithstanding the effects following each operation. The importance of being acquainted with the action of other substances than those used thus far, when introduced into the cavities and tissues of the body, the effects they may produce in other diseases, such as ovarian cysts, anasarca, &c., might, with propriety be considered here. They will, however, naturally occur to the reflecting mind, and I shall defer their further notice until I can communicate some facts calculated to throw light on the subject.

CHICAGO, May 22d, 1850.

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

ART. I.—*On the use of Bofareira ("Ricinus Communis" of Botanists) as a means adopted by the natives of the Cape De Verd Islands to excite Lactation. By* J. O. M'WILLIAM, M. D., F. R. S., R. N., *Surgeon to the Honourable the Board of Customs.*

While engaged in an official investigation into the nature and history of a yellow fever epidemy, prevailing in the Island of Boa Vista, in the Cape de Verds, during the year 1846, my attention was called to a remedy commonly had recourse to there, and in the other islands of the group, to accelerate and increase the flow of milk from the breasts of

child-bearing women, in cases where that secretion was tardy in appearing, or dificient in quantity when it did appear.

I also learnt that on occasions of emergency, this remedy could be successfully applied to a still more important use, namely, to produce milk in the breasts of women who are not childbearing, or who even have not given birth to, or suckled, a child for many years.

The leaves of a plant, called in the language of the country, Bofareira, but which, in reality, is the "Ricinus communis" of botanists. and, occasionally, the leaves of the "Jathropha curcas," both belonging to the natural family *euphorbiaciæ*, are the means by which these interesting if not extraordinary results are produced.

The Bofareira grows in most, if not all, the Cape de Verd Islands. That used by the natives for the purposes I have mentioned is called by them *white* bofareira, to distinguish it from what appears to be nothing more than a variety of the same species, the *red* bofareira. The *white* or that which possesses galactagogue qualities, is recognized by the natives by the light green colour of the stem of the leaf, whilst the leaf stem of the *red* is of a purplish red hue. The latter plant is carefully avoided, as it is said to be a powerful irritant, and, if applied, as it occasionally has been, by mistake for the *white*, it produces an immediate and often immoderate flow of the menses.

In cases of childbirth, when the appearance of milk is delayed (a circumstance of not unfrequent occurrence in those islands,) a decoction is made by boiling well a handful of the *white* Bofareira in six or eight pints of spring water. The breasts are bathed with this decoction for fifteen or twenty minutes. Part of the boiled leaves are then thinly spread over the breasts, and allowed to remain until all moisture has been removed from them by evaporation, and probably in some measure by absorption. This operation of fomenting with the decoction and applying the leaves, is repeated at short intervals until the milk flows upon suction by the child which it usually does in the course of a few hours.

On occasions where milk is required to be produced in the breasts of women who have not given birth to, or suckled, a child for years, the mode of treatment adopted is as follows:—

Two or three handfuls of the leaves of the Ricinus are taken and treated as before. The decoction is poured, while yet boiling, into a large vessel, over which the woman sits so as to receive the vapor over her thighs and generative organs, clothes being tucked around her so as to prevent the escape of the steam. In this position, she remains ten or twelve minutes, or until the decoction cooling a little, she is enabled

to bathe the parts with it, which she does for fifteen or twenty minutes more. The breasts are then similarly bathed, and gently rubbed with the hands; and the leaves are afterwards applied to them in the manner already described. These several operations are repeated three times during the first day. On the second day, the woman has her breasts bathed, the leaves applied, and the rubbing repeated three or four times. On the third day, the sitting over the steam, the rubbing, and the application of the leaves to, with the fomentation of, the breasts are again had recourse to. A child is now put to the nipple, and, in the majority of instances, it finds an abundant supply of milk.

In the event of milk not being secreted on the third day, the same treatment is continued for another day, and if then there still be a want of success, the case is abandoned, as the person is supposed not to be susceptable to the influence of the Bofareira.

Women with well developed breast are most easily affected by the Bofareira. When the breasts are small and shrivelled, the plant then is said to act more on the uterine system, bringing on the menses, if their period be distant, or causing their immoderate flow if their advent be near.

Exposure to cold is carefully avoided by persons who are being brought under the influence of the Bofareira. These scrupulously abstain from wetting with cold water either the hands or feet.

Maria, a dark mulatto woman, with wooly hair, thirty years of age, tall, stout, and well-formed; menstruating regularly; the mother of three children, the youngest of whom was three years old and had been weaned when under the age of one year, was brought before me by Dr. Almeida, of Boa Vista, on the morning of the 30th of June, 1846, for the purpose of being submitted to the action of the Bofareira. She stated, that when her child was weaned, every trace of milk disappearing from her breasts in the course of a few deys. I could not detect any signs of pregnancy. The breasts were like those of negro women in general who have borne children, pendulous and flabby. No signs of milk was given out from them upon careful examination of the nipple.

The baths, fomentations, the application of the leaves, friction, suction, &c., were adopted in the manner and order I have already described. On the second day there was a slight oozing of a serous-looking milk from the nipples, with slight increase of size in the areolar portion of the breast. On the third day, the milk increased in quantity, and less watery. On the morning of the fourth day there was an evident

enlargement of the lower part of the mamma, and milk flowed abundantly upon the application of a child to the nipple.

The use of the Bofareira in cases of childbirth, to accelerate the flow of milk, is common, but comparatively rare as the means of procuring a wet-nurse. Some instances of the latter kind occurred, in consequence of the death of mothers with children at the breast during the progress of the Boa Vista epidemy of 1845-46, which decimated a population consisting almost wholly of blacks, with a few Europeans—Portugese and English—and a small proportion of mixed negro and European blood.

Generally, however, this use of the Bofareira is seldom called for. Death in childbirth, or prolonged illness after parturition, sometimes requires a kind relative or charitable neighbor, who, for the safety of the offspring, places herself under the influence of the bofareira.

The son of a wealthy landed propietor of San Nicolao, (well known to my friend, Mr. George Miller, of that Island,) a remarkably hale and robust-looking man, was wet-nursed by a woman who gave him milk procured by the Bofareira. The nurse in this instance had borne two children in early life. Her husband died shortly after the birth of her second child; she lived in a state of virtuous widowhood, and it was *many* years after the death of her husband that she so generously submitted herself to the Bofareira, and nursed the infant in question.

Consul-Generel Randall, of the Cape de Verds, informs me that a lady, a native of Boa Vista, now residing at San Antonio, and the wife of one of the foreign consuls, had a daughter in 1843. "Having very little milk," says Mr. Consul Randall, "she caused an old female servant to be prepared with the bofareira, and to act as wet-nurse, which she did in the most satisfactory manner. having plenty of good milk, although she had not had a child for ten years previously. The child is now (March, 1847) a healthy one, and well grown. In short," continues Mr. Randall, "women who use the Bofareira are in two or three days in order sufficient to nurse the child of a queen."

I have not been able to ascertain, from personal observation, or from any very accurate information, what effect the Bofareira has upon virgins, or upon those who, although they have not borne children, are nevertheless not virgins. As regards the latter class, however, an intelligent native midwife assured my most able and observant friend, Mr. George Miller, of San Nicolao, that the effect of the administration of the Bofareira is much the same upon them as upon child-bearing women.

In some cases, but rarely, the decoction of the Bofareira is taken in-

ternal, with the view of assisting the action of its external application.

I regret not having been informed of the alleged difference in the action of the white and red Bofareiras, while I was at the Cape de Verds, that I might have examined the latter plant upon the spot.

The seeds of each plant were, however, kindly forwarded to me by Mr. George Miller, and Sir William Hooker most readily and obligingly examined them. Sir William, in a note to me, says, "What you mark as red Bofareira, and as white Bofareira, are both, not only of the genus 'Ricinus,' but also of one and the same species—viz., Ricinus communis, the common palma Christi, or castor oil plant. In our gardens, as well as abroad, the plants vary, and your two plants vary a little in the form and size of the seed, and especially in the color, but they are one and the same species."

It is thus evident that the white and red Bofareiras, if they differ at all, can only be varieties of the same species. It is known, however, that certain varieties of other plants, as thyme, mint, &c., do yield different properties, and such may be the case with the Bofareiras.

I have thus stated all the facts that have come to my knowledge regarding this galactagogue of the Cape de Verds, which I consider to be well worthy of a fair trial in this country. Should its action in our more temperate regions be similar to that which it exerts within the tropics, an interesting field of inquiry will be opened, as regards its hygienic, medicinal, medico-legal, and other relations.

These, however, are points, the consideration of which had better be reserved until it has been determined, by experiment, how far the Bofareira can be successfully introduced into the practice of this country.

[*Note.*—Dr. Tyler Smith, to whom I showed my paper before my visit to Edinburgh, has written to inform me that he has in several cases tried the Bofareira in the manner described by me; and he assures me that the effects of the plant grown in this country fully bear out the facts I have detailed respecting the use of this plant in the Cape de Verd Islands.]—*Londod Lancet.*

OBSTETRICS.

ART. II.—*Observations on the Supposed Frequency of Ulceration of the Os and Cervix Uteri. By* TYLER SMITH, M. D., *Lecturer on Midwifery at the Hunterian School of Medicine; one of the Physicians to Queen Adelaide's Lying-in Hospital.*

Mr. Whitehead, of Manchester, in his work on "Abortion and Sterility," states, that of 2000 women whose cases he investigated on the in

application to the Manchester Lying-in Hospital, "1116 had the whites at the time the inquiry was made, and a considerable number more had suffered under a similar ailment at some former period. In 936, or eighty-three per cent., the discharge bore undoubted evidence of the presence of pus, or of sanies; and in some instances it was more or less mixed with blood." Mr. Whitehead traces these discharges to "disease of the lower part of the uterus, this disease being found to exist in almost every instance;" and he further declares, that "this lesion of structure constitutes the true pathological seat of leucorrhœa, and of all its associated phenomena."

Dr. Henry Bennet states, in his recent work on "Inflammation of the Uterus and its Appendages, and on Ulceration and Induration of the Neck of the Uterus," that of three hundred cases presenting "uretine symptoms," among the patients of the Western Dispensary, he found that "243 were suffering from decided inflammatory disease of the cervix, or its cavity; and that in 222 ulceration was present." Thus, in Mr. Whitehead's cases, in 936 out of 1116 cases of leucorrhœa, the discharge was purulent or ulcerative; and in Dr. Henry Bennet's cases 222 out of 300, or more than two-thirds, were also suffering from uterine ulceration. Dr. Bennet states, that the same proportions are preserved in the cases he has treated in private practice.

It is well known that this is widely at variance with the experience of previous observers in this country. Does this discrepancy arise from the superior modes of investigation adopted by the authors I have quoted? or, does it happen from some misapprehension as to what really constitutes ulceration of the os and cervix uteri? Is there simply some mistake about the nature of ulceration; or is the difference explained by the more general use of the speculum?

Practising as a physician accoucheur, I must get the same class of patients as those treated by Mr. Whitehead and by Dr. Bennet. I am in the habit of using the speculum in cases of obstinate leucorrhœa in married females, and I trust with a desire to observe truly and faithfully, but I do not myself find uterine ulceration, at least not what seems to me to warrant this term, so frequently as Dr. Bennet, Mr. Whitehead, and some other gentlemen who have written upon the subject, in leucorrhœal cases—purulentor muco-purulent. I find inflammation, engorgement, induration, excoriation, patches of aphthæ, epithelial abrasion, and granulation often enough, but very seldom what I could call Ulceration, in non-malignant and non-syphilitic cases.

The clearest description I can find of the so-called ulceration, is in Dr. Bennet's work, (pages 102 and 103,) which I take the liberty of

extracting, and certain expressions in which I have italicised: it occurs under the heading—

"*Inflammatory Ulceration.*—Inflammation may exist for years in the cervix and its cavity, without giving rise to any other anatomical changes than those which have been enumerated. This, however, is seldom the case. The mucous membrane lining these regions, and more especially that portion of it which is near the os, appears to be *peculiarly liable to take on ulcerative action.* Consequently, the existance of inflammation *in the great majority of instances* is soon followed by the manifestation of the ulcerative process. Ulceration generally appears first around the os, and just within the cavity of the cervix. Many different forms or species of ulceration are described by Continental writers, but, in my opinion, without necessity or advantage. An ulceration occupying the cervix uteri may present all the various modifications which suppurating surfaces offer in any other part of the body, from the minute granulations of a slight abrasion, to the livid vegetations of an unhealthy sore; but these modifications of the ulceration require in reality no division or classification."

"When an abrasion or excoriation only is present, the cervix is generally of a vivid red, and the granulations are often so minute, that it is at first difficult to ascertain whether the mucous membrane is abraded or merely congested, or to perceive the limit of the ulceration when once it has been ascertained to exist. The doubt, however, may be solved by lightly touching the suspected surface with the nitrate of silver. The abrasion immediately assumes a much whiter hue than the region which is merely congested, and its margin becomes well defined and evident. *An abraded or excoriated condition of the mucous surface is generally the form under which ulceration presents itself in the cavity of the cervix*, granulations of any size being seldom met with in this region.

"In its more decided form, ulceration of the cervix uteri is susceptible of presenting every possible variety. The granulations may be firm, of a vivid red hue, scarcely bleeding on pressure, or they may be large, fungous, livid, and bleeding profusely on the slightest touch. These fungous ulcerations are generally connected with torpor of the local circulation: when they are present, the congestion of the vagina and cervix is often very great, of a livid venous character, and the non-ulcerated surface of the cervix may present dilated varicose veins."

Now, this portrait, the general fidelity of which I admit, does not appear to me to warrant the profuse use of the term "ulceration," which in itself, and when applied to other parts of the body, has a definite and unmistakable meaning. It cannot truly be said, that mere abra-

sions or excoriations caused by irritating leucorrhœal discharges are "ulcerations." We do not call the excoriation which occurs from similar causes in other parts of the body "ulceration." We do not call granulations upon mucous membranes "ulcerations," whether they secrete mucous or pus, or whether they bleed or not upon mechanical irritation. If we analyze this important passage closely, we shall find that granulations at the os and cervix uteri is the strongest fact testified to in support of the theory of "ulceration." Dr. Bennet states, that "an ulceration occupying the cervix uteri *may present all the various modifications which suppurating surfaces offer in any other part of the body*, from the minute granulations of a slight abrasion to the livid granulations of an unhealthy sore." But, immediately afterwards, he negatives this by adding, "*An abraded or excoriated condition* of the mucous membrane is generally the *form* under which ulceration presents itself in the cavity of the cervix, granulations of any size being very seldom met with in this region." Thus, it is evident, that even in the absence of granulations, Dr. Bennet calls "an abraded or excoriated condition" a "form" of "ulceration." From his own descriptions, it is evident that Dr. Bennet classes abrasions, excoriations and granulations together, as forms of ulceration, a proceeding which it appears to me is utterly opposed to all sound pathology. In this way we may explain the great frequency with which ulcerations of the os and cervix uteri is declared to be met with.

If we consider excoriation or abrasion as genuine ulceration, probably no woman ever passes through life without suffering from this form of disease. In the virgin uterus, the circulation is frequently modified by the recurrence of menstruation, ovarian irritation, mental emotion, the varying conditions of the bladder and rectum; and in constitutional ailments, the vaginal and uterine secretions, in common with the other secretions of the body, are frequently depraved. Excoriations and abrasion of the mucous membranes are easily accounted for under such circumstances. Menstruation alone, in the turgidity of the uterus and ovaria; before the catamenial flow is established; in the exudation of blood from the surface of the uterus; and in the perforation of the peritonæal membrane for the elimination of the ovule from the ovary, trenches very nearly upon pathology. The slightest divergence from the ordinary function merges into disease.

In married women, and those who have borne children, other prejudicial causes in addition to these are in operation—such are the mechanical irritation of coitus, the risk of lacerations of the os uteri during the passage of the child in parturition, and the state of the uterine orifice

which obtains after labor, and the return of the organ to quiescence. After labor, the orifice of the uterus does not contract smoothly, so as to leave the os uteri regular and even, but it becomes puckered and contracted unevenly. In irritable conditions of the mucous membrane of the uterus and vagina, or in a morbid state of the utero-vaginal secretions, these folds or corrugations are very liable to be chapped or excoriated, and I believe this is often mistaken for ulceration. All these, and other causes which I might enumerate, explain the frequency with which the os uteri deviates, in color, volume, and secretion, from the strictly healthy standard. In fact, we may compare the upper part of the vagina to the fauces, which is seldom found perfectly healthy in any subject who may be examined. Some of the indurations and enlargements of the os and cervix uteri appear to resemble large tonsils, and, like them, to increase in size without any amount of active inflammation.

The granulations which are sometimes found surrounding the os uteri—which may secrete mucus or pus abundantly, and which may bleed on being roughly handled—are, I have no doubt, the result of inflammation; but they resemble *the granular state of the conjunctiva*, rather than the granulations of a true ulcer. The *granular os uteri* would be a more correct designation, in such cases, than "ulceration" of the os uteri. Some of the so-called ulcerations appear to be nothing more than patches of thickened epithelium, or portions of the os and cervix, from which the epithelium has been melted away by acrid or irritating secretions. We can imitate this condition of the parts by the slight application of the nitrate of silver—sufficient to affect the epithelial covering, but not sufficient to injure the mucous membrane beneath.

It appears to me that we can neither receive the existence of excoriation or abrasion; of granulation or fungous growths; the secretion of pus or muco-purulent matter; as affording undeniable evidence of the existence of "ulceration" of the os and cervix uteri. We must try ulceration in this part of the body by the same tests which we apply to ulcers in other parts of the economy. We must look for a solution of continuity, with a secreting surface, separated from the healthy structures, having defined edges, everted or inverted,—for an ulcer, in fact, in the common pathological meaning of the term. We find ulcers having these characters in the air-passage, mouth, stomach, intestines, bladder, and other mucous surfaces. There is no mistaking the characters of an intestinal ulcer after dysentery, and there ought to be no mistake about an ulcer of the uterus. Indeed, in the coroding ulcer of the uterus we unfortunately see that this organ is but too capable of taking on all the qualities

of ulceration, in the degree only equaled by its extraordinary vitality, the organ being scooped out, or eaten away, in a comparatively short space of time. Cases are also met with, in which the os uteri has been destroyed by the sloughing ulceration and loss of structure, sometimes following the application of the more powerful caustic agents. We are, however, called upon, by the unlimited believers in uterine ulceration, to admit that ulcerative disease may exist for years, in its common form, without any perforation, excoriation, serious loss of substance, or altered configuration. Whether we test the so-called ulceration of the uterus by ulceration occurring in other mucous surfaces, or in the uterus itself, under undoubtedly ulcerative disease, the distinctive characteristics are wanting in the great majority of cases; and they certainly are not found, unless I am most egregiously mistaken, in the enormous proportion of 222 cases of ulceration to 300 cases of promiscuous uterine disease.

In all that I have said, I do not wish it to be supposed that I question the frequency of irritation, chronic inflammation, and sub-acute inflammation, in connection with leucorrhœa. Recent writers would, however, treat leucorrhœa merely and solely as a symptom, not as an independent disorder. But I am well assured that it is often the disease itself, or at least all of it that we can appreciate; and that the irritable or inflammatory condition is excited secondarily, and mainly, by the morbid leucorrhœal secretion. Some change in the innervation or nutrition of the organ occurs; or it sympathises with a malady in some remote organ, and the secretions are consequently depraved. These depraved secretions irritate the surfaces with which they come in contact, and produce the visible signs of irritation or inflammatory action. We see these discharges sometimes inflame and excoriate even the external integument, but we should never dream of saying that the inflamed condition of the skin was the essential part of the disorder. The same observation applies to the uterus. Thus it is not pathological, nor useful, always to consider leucorrhœa as a mere symptom; and the old plan of astringent injections, though sometimes mischievous, cannot quite be dispensed with, for in some, even profuse leucorrhœas, an astringent injection, by arresting the utero-vaginal discharges, does more than any other plan to soothe inflammatory conditions, or rather, to suspend their causes.

Notwithstanding the use of the speculum,—notwithstanding the use of lamps and glasses, there is often considerable difficulty in ascertaining the precise condition of the cavity of the uterine cervix, engorged as it is, and deep in color from irritation, or other disease, and from the interruption to the circulation in the uterine organs which is almost necessarily dependent on the introduction and expansion of the speculum

within the vagina. But in the dead subject no difficulty exist, and it might certainly be expected, since leucorrhœa is a malady so very common, that uterine ulceration would be frequently revealed by post-mortem examinations. The only place in which, so far as I am aware, post-mortem examinations have been conducted in considerable numbers with special reference to the determination of the frequency or infrequency of ulceration of the os and cervix uteri, is at St. George's Hospital. For several years past, the condition of the uterus has been examined with great minuteness and accuracy in the dead subject at this hospital.

Mr. Pollock, one of the lecturers on Anatomy at St. George's Hospital, informs me, that for more than three years during which he was Curator to the hospital museum he examined the uterus internally and externally, in all the subjects in the dead-house. During this time, upwards of 100 women died in the hospital annually. In each case, the uterus was laid open and carefully inspected. Mr. Pollock only detected actual and unmistakable ulceration *in four cases.* Of these, there were scrofulous subjects, and scrofulous ulceration existed in other parts of the body; and in one of them the ulceration involved the vagina extensively as well as the os uteri.

Mr. Gray, who succeeded Mr. Pollock as Curator, informs me that during his curatorship he examined the bodies of 180 women, who died of all diseases in St. George's Hospital, with a distinct view to ascertain the proportion of cases in which ulceration of the uterus existed These examinations were also conducted with great care and minuteness. Out of the 180 subjects, distinct ulceration of the os and cervix was found in only *three* instances. Slight abrasions, discolorations and granulations were frequently observed, and this accords with the observations of Mr. Pollock. One or two other curators to St. George's Hospital, besides Mr. Pollock and Mr. Gray, have arrived at the same results. It is only by pathological investigations of this kind that we can arrive at infallible results.

But, it may be asked, why bestow so much pains on proving that abrasion, excoriation and ulceration are not *ulceration?* Why dispute as to terms? Simply because a name rules treatment, and because the name of "ulceration" being first given, and heroical treatment not without danger, is frequently resorted to, where milder local applications or constitutional treatment would be equally efficacious. After Mr. Abernethy wrote his celebrated work on the Constitutional Treatment of Local Disease, his idea was pushed to its extreme, and local remedies were often most improperly neglected. Now, in all that relates to

the uterine organs, the doctrines of Mr. Abernethy are in danger of being entirely refuted, and we are in some risk of utterly neglecting constitutional treatment and of being entirely absorbed by local applications. This we cannot do without impeding the improvement of the treatment of this class of affections. When a patient is told she has an ulceration of the womb, she often thinks of an ulcer of the leg, or the cheek, &c., and is proportionally frightened, because of the importance of the organ which is the seat of the presumed disease.

There is nothing women will not submit to, to be freed from such a malady. At the present time a veritable uterine panic affects the upper and middle classes of society, and every woman with the slightest ache or discharge, is not satisfied until the peccant organ has been ocularly inspected. I do not believe that this state of things, or t is inevitable results, will conduce to the dignity and respectability of our profession. I do not hesitate to afirm, so far as I have eyes to observe and judgment to weigh facts, that much exaggeration prevails respecting the frequency of this same ulceration of the os and cervix uteri—an exaggeration which should be claimed, so that the legitimate methods of examination may lead, not to a suspicion of our profession, but to real improvement in the diagnosis and treatment of uterine disease as it actually exists. We cannot safely repudiate either the local or the constitutional treatment of uterine disease. I have seen cases in which the local ailment has been as far as possible cured; nevertheless, the constitutional symptoms remained unrelieved. I have seen others, in which judicious constitutional treatment has cured the local malady without any topical treatment whatever. But in the combat against disease, we require both constitutional and local weapons; and any views which disparage either the one or the other, must cripple the resources of our art.—*London Lancet.*

SURGERY.

ART. III.— *On the Treatment of Erysipelas by Collodion.—By* DR. JOHN SNOW, *London.*

[The application of an adhesive compound, in order to arrest inflammation of the skin, having been recommended by M Latour, of Paris, Dr. Snow makes the following remarks upon the subject:]

In a paper on 'Inflammation,' which was read at the Westminster Medical Society, and reported somewhat fully in 'That Lancet,' in the early part of 1843, I was led to recommend this treatment, from a consideration as well as from the result of experiments by M. M. Breschet

and Becquerel, in which the skin of animals was covered with varnish, and from the effects of covering a portion of my own skin closely with oil-skin. The following passages are quoted from the report of that paper:—

"There was one indication which might be fulfilled with safety and advantage in every case of inflammation of the skin—that was to stop the cutaneous transpiration, which, being the chief function of the skin, promoted the circulation in its capillaries, and thereby kept up its temperature. . . . . On this principle he believed that the benefit of water dressings and poultices chiefly depended, as well as the application of lunar caustic and of flour in erysipelas, the former making a dead, and in a great measure, an impermeable, membrane of the cuticle, and the latter likewise interfering with transpiration." ('Lancet,' Feb. 25, 1843, p. 805-6.)

Since the introduction of collodion, I have applied it in erysipelas, with apparently great advantage. In a case of erysipelas of the face and head, which occurred in a lady about thirty years of age, in April last year, this was the only local application. It was applied once every day, to the whole inflamed surface. The first application to every newly inflamed part always afforded immediate relief. At the end of six days the inflammation had quite disappeared, and the patient was convalescent. It is the first stage of inflammation of the skin that protecting it from the air appears to be of most service.—*Lancet, April* 27, 1850, *p.* 502.

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

1—*The Transactions of the American Medical Association, Vol.* III. *Phil.* 1850. 8*vo pp* 499.

The present volume, like those that precede it, is chiefly made up of reports of standing or special committees appointed at the last meeting of the Association. In general, they are creditable to their authors, though some of them appear to us singularly meagre, and destitute of interest, and by no means what might reasonably have been expected.

The report on "Medical Science," was drawn up by Usher Parsons of Rhode Island, and presents a brief, but judicious abstract of the more important facts, which illustrate the progress of Medical Science, in the departments assigned to the committee. The chairman has succeeded

admirably, in condensing the matter contained in our numerous medical Journals, within a small compass, and has very properly limited himself to the periodicals of our own country and those published within the year. We hope this example will be strictly adhered to hereafter.

The next report in order, is that of the committee on "Practical Medicine and Epidemics" prepared by Dr. J. K. Mitchell of Phil., and occupying twenty-nine pages.

We are sorry we can not approve of the plan of this report, which seems to us, not drawn up in accordance with the instructions of the association, although it is an able one, and not without a considerable degree of interest. It does not aim to present an account of the annual progress or present condition of practical medicine in this country, but is wholly taken up, with the exception of two pages, with the subject of cholera, upon which it throws no new light whatever.

The report commences with the promise of noticing "what may be esteemed useful novelties in the theory and practice of medicine, as they belong to the current year, and as they come exclusively from American sources." In executing this task, the comittee promise "to introduce. not only the materials which have already appeared in various papers, reports and Journals, but such new and authentic matter as may give additional novelty and weight to the present report" &c.

Had this been done, there would have been no just cause of complaint. But nothing of the kind has been attempted. After recommending that the "more comprehensive standing committees should be abolished so as to subdivide the many objects of attention, as to enrich the domain of medicine by a closer scrutiny of its resources, and employ a much greater proportion of the professional time and talents at its disposal" (a recommendation, by the way, which we would advocate, if the several committees cannot find time to prepare such reports as are expected of them, as in the present instance,) the report immediately takes up the subject "upon which no one sheds new light;" in order to throw some new light upon it. In this effort the committee do not seem to have been very successful. We have the statistics of cholera hospitals, and a sweeping condemnation of all specifics, a commendation of "rationality, and moderation" in the treatment, but nothing new, nothing, in fact, very "rational," unless it be the doctrine of the "portability" of the disease, about which professional opinion will probably, for some time to come, be undecided. Dr. Mitchell approves of wood-naptha, and creasote to check vomiting; "cold to the epigastrium externally and internally," and blood-letting by cups, to the dorsum and epigastrium, to restrain the evacuations," "salines to renew the

blood and "emetics as restorators of reaction, invitants of blood to the surface, and restrainers of the constant retchings by which patients are exhausted," these are the positive and only reccommendations for the treatment of the disease, and in these we percieve nothing "new."

Some facts are given to prove the "portability" of the disease—the same facts are relied upon by the contagionists to prove the doctrine of contagion. We have a chart, presenting the position at sea, of two vessels, the New York and Swanton, on board of which the cholera broke out almost simultaneously, although nearly 1000 miles assunder. The report says that "it is somewhat remarkable, that in both ships the first cases of cholera occurred during a sudden change of the weather from an agreable coolness to a comparatively great warmth, owing to a south wind succeeding to a north one." But the first case on board the New York, occurred on the 25th Nov., when the thermometer stood at 60°, certainly not a very high temperature,—as we, however are not informed, what is expected to be proved by the fact mentioned, we shall not dwell upon it. That temperature has but little to do, however, in checking or promoting the spread of cholera, would seem to have been fully shown by the history of its ravages in Russia, during the extreme cold of winter.

"In what manner is it portable?" The committee attempts to show by the history of its spread in Phil., in 1849, and we have another chart proving any thing, but what the committee attempts to do. On this we have the date and place of occurrence of the first twenty-three cases, reported to the Board of Health. On the 30th May, for example two cases occurred at the upper verge of Phil., the next day one in Southwark, 3½ miles distant; the next day, another case ¼ of a mile distant from the third case, and on the 1st June another ¾th of a mile from any other, and so on. In fact, no connection between the cases can be traced; nor does any possible "portabilitiy" appear; so that the committee, contrary to their own hypothesis come to the conclusion that "the atmosphere of the whole city had become slightly epidemical, not being sufficiently poisonous to produce its specific effects unless aided by personal imprudence or a deleterious locality," (p 125). Now we ask, how did the atmosphere become epidemical? Were the cryptogamic germs so dispersed, and multiplied in the atmosphere, in the course of two or three days, as to create a predisposition to the disease in all who breathed it? It is not stated whether these germs were given off from cholera patients; if so, wherein would this doctrine differ from that of contagion? It matters not whether we call the "portable" or propagating materiel, cryptogamic germ, contagious virus, or

any thing else; in either case, it would amount to the same thing—would prove the disease to be transmissible, self-communicating, or contagious. We wish the committee had been more explicit, and told us whence this epidemical character of the atmosphere was derived. But while the chairman maintains the doctrine of "portability," he denies that the disease is "personally transmissible." Where then is the relevancy of the fact, so laboriously set forth, that the disease was brought into New Orleans and New York, by vessels, on board of which there were cholera patients? The arguments and facts, advanced against the contagiousness of cholera are entirely negative, and wholly inconclusive. They equally bear against the doctrine of "portability." Because cholera does not obey the laws of other contagions, ergo, it is not contagious, but portable. Because we cannot always trace it to its source, ergo it is not contagious but portable. Because all do not take it, that are exposed—therefore it is not contagious but "portable." Because, fatigue, intemperance, foul air, low and damp localities, anxiety, a debauch, provoke an attack, therefore, it is no contagious! Because it selects adults in preference to children, it cannot be contagious, "and then the committee enquire," who does not know that all other contagious diseases are produced simply by exposure to the one cause, contagious matter?" We don't know it,—the committee themselves do not; no one knows, or can prove it—on the contrary, it is well known, that exciting and predisposing causes, are in general, both necessary, to produce disease. "Several persons" says Dr. Williams (Principles of Med. p 36) are exposed to a malarious or infectious poison; some of these afterwards suffer much from fatigue or privation; they then begin to show the effects of poison; others, who have not suffered this second trial *escape unhurt.* The poison has entered the system of both; the last resists its influence; the subsequent weakening reduces the powers of resistance in the first class, and exposes the system to the exciting cause; but occurring after, it cannot be said to predispose." Instead, therefore, of "all contagious diseases being produced simply by exposure to the one cause, contagious matter," it would be nearer the truth, to say that they are *never* so produced. Dr. Williams maintains that epidemic and infectious diseases, as the exanthemata, small pox, scarlet fever, so far from obeying this law (of the committee) "increase, not peculiarly, in the vicinity of those first affected, nor in proportion to intercourse with them, but rather in proportion to the prevelance of other causes, that may be called predisposing, or determining" (p 88.) We are not about to discuss the vexed question of the contagiousness of cholera,—though

we think it not difficult to prove its communicability—we only aim to show the absurdity of holding the opinion of its "portability" and yet denying its contagiousness—we wait for "new light" on this point.

The report on "Medical Education" by Dr. Roby, is a very brief and sensible one, being comprized within the compass of seven pages, and to the purpose. It contrasts favorably in this respect with the more ambitious but inaccurate report of Dr. Stewart of the preceding year; a report, which although highly honorable to the ability and industry of its author, yet abounded with exaggerations and denunciations, which have done injury to the character of the American Medical Profession abroad, and by no means exalted it in the estimation of the people at home. In this connection, we shall quote some remarks from the Oct. No. of the Brit. and For. Med. Review, which express the views of the writer, upon reading the report alluded to.

"*Report of the Committee on Medical Education.*"—This is properly deemed, by a body of enlightened men, having the elevation of the *status* and increase of the utility of their profession at heart, as the most vitally important subject that can engage attention, We were not prepared for some of the disclosures here made, and certainly feel somewhat more reconciled to the delays which have taken place in the reform of our own institutions, after contemplating the infinitely worse condition of those of our neighbours. We will summarily indicate the chief defects:—1. The student commencing attendance on lectures is not required to give any proof of preliminary education. 2. The courses of lectures are only of three or four months' duration for two years; the various subjects, too, being treated of, not successively, but simultaneously. 3. Medical colleges obtain charters with great ease in the different States, and there are already thirty-eight such institutions, invested with the double power of teaching and conferring the degree of M. D. A fierce competition prevails among these bodies, and various inducements are held out to students by some of them, such as low prices and long credit, in order to swell the number of their pupils. 4. Not only is the duration of the session ludicrously short, but several subjects are ill-taught, and others not taught at all. Thus, practical chemistry and pharmacy meet with little favour; while in few of the institutions are lectures delivered on botany, or on comparative or pathological anatomy; and practical anatomy itself is so neglected that some of the colleges announce in their circulars, attention to it will not be made obligatory! The number of professors engaged in teaching in the European schools is more than double that employed in the American ones, and sometimes four or five times as great. 5.

Hospital attendance seldom forms any portion of the system of instruction, and reporters say, that even in large cities like New York and Philadelphia, not more than one in ten of the pupils attend regularly at the hospital. Moreover, in most of the colleges all attempt at such teaching is eschewed, and a wretched substitute called 'College Clinics' resorted to, at which, perhaps, the pupil may see the same patient but once or twice, when he comes for advice. 6. The system of examination is bad; for the professors examine their own pupils, and decide upon their admissibility. In some of the institutions these examinations are quite private, each professor testing the capabilities of the candidate alone and apart from his colleagues. 'Three out of seven, or two out of six, negative votes are usually considered necessary for rejection. Thus a candidate may be wholly unprepared in one or two of the most important branches—anatomy and surgery for instance—and yet receive his degree! Lastly, if a pupil finds himself unable to undergo even such an ordeal as this he need not despair, but may at once set himself up as doctor, only two or three of the States imposing any examination, or even any education at all, as a necessary preliminary to practice. After perusing the above statement, our readers will, we doubt not, feel somewhat amused at the ignorance or effrontery that could pen the following paragraph:

"'In England the loudest complaints are made, not against the higher order of medical men, whose time and means, and inclination, have led them to seek their education at the best sources, but against that numerous body of active practitioners who belong acknowledgedly to an inferior order, and who are known as 'medical men,' or 'licentiates,' or 'practising apothecaries.' An endeavour is being made in that country to change the existing order of things in this respect; and while we hold that our own physicians, graduates of almost any of our medical colleges, are fully equal, and in many respects superior to the general practioners of England, we think that a change is imperatively demanded with us also.' (Vol. ii. p. 347.)

"Happily for us, the public is of a different opinion, for while in this country actions for malpractice are very infrequent, in America they are of almost daily occurrence. When we perused an account the other day, that these had now arrived at such a pitch, that several surgeons refused undertaking surgical cases without receiving guarantees against such actions, we felt disposed to commiserate with our professiona brethren; but now that we find from this report that sixteen hundred diplomas are granted annually (the rejected candidates scarcely bearing any appreciable proportion) by colleges, most of which are unpro-

vided with hospitals, and some of which do not even insist on dissection, our condolence is most unfeignedly addressed to the public; and we feel but little surprise that, in a country thus provided with legitimate practitioners, charlatanism is more rife than in any other, and believe that legislative interference for its suppression would be of little avail. As might be supposed, this facility of obtaining degrees has inundated the country with doctors infinitely beyond its requirements. The reports calculate that the proportional supply of graduates is five times greater than in France, and that while in London there are six hundred persons able to pay to each practitioner, and in Paris four hundred and thirteen, there are but three hundred and seventy-five in New York. It is very doubtful whether these figures are exact; but at all events the fact is certain, that the United States is very much over-supplied, and that a natural consequence has been to beget a species of rivalry and competition for practice, which is calculated to degrade the profession still farther.' The first step, therefore, insisted upon by the committees, is the placing some restraint upon this *ad libitum* manufacture of diplomas, by increasing the requirements and severely testing the qualification of candidates. In a country, too, which avowedly tolerates, and even in one or two of its states encourages illegitimate practitioners, and one in which legislative restrictions would be more difficult of application than in any other, it is obvious that it is to improved education alone that the profession can look for the advancement of its interests. The Medical Association has, therefore, directed much attention to this point; and although some of their recommendations seem scarcely sufficiently searching, yet they are probably as much so as is at first practicable, where so many interests have to be opposed or conciliated. What some of the obstacles to be contended with are, may be judged of by the fact, that so learned a body as the Medical Faculty of Harvard University have published a formal defence of the preference they give to four months' course of instruction over the six months' recommended by the association."

Now, what are the facts on this subject?

With regard to preliminary education, we admit that it is too little regarded, and trust that some respectable standard of acquirement will, ere long, be established by the joint action of the various Medical Schools of the country. We are prepared to enter on the work at once, and in earnest; who will hold back? Four months, is now the shortest period, we believe, of any medical session; and it is as long as can be profitably employed by the student in attendance on lectures during a single year. Medical education, is not here, as in foreign countries,

all obtained in attendance on medical lectures; the greater part is acquired, or should be, in the private offices, of the preceptors, and in clinical observation, under their direction and instruction. The great defect is, not in the amount or kind, of instruction received in the medical schools, but in the neglect and inattention of the private teacher. Here the reform should commence; we have no fears that public instruction will fall short of the requirements of the time, or the science; and we should have no fears of a comparison between it in this country and a majority of the schools abroad. With respect to the charge that the subjects are treated of not successively but simultaneously, the English editor does not seem aware of the fact, that when the student commences attendance upon medical lectures, he is supposed to have already mastered the preliminary branches, or at least, made such progress in them, as to derive profit from what he hears. This objection is, therefore, wholly groundless. In regard to the facilities with which Medical Colleges obtain charters, it is an evil, a growing and an endless evil—and one which should be resisted—as it is not—by the combined voice of the profession. There is no obstacle so great in the way of progress,—in raising the medical profession to what it should be, and what it aspires to be, as faulty legislation. It is a constant dead weight; a blight, which mildews every fair bud of promise, and will, unless checked, prostrate our profession in the dust, even lower than it now is! In this State, for example, we have three quack colleges, confessedly so, we believe, chartered by the State.—One under the false title of Eclecticism, abuses every thing belonging to legitimate medicine; pretending to eschew minerals, while they poison with vegetables, possessing ten times the power,—another, rejoicing in the epithet of Physo-Medical, teaches the virtues of roots and herbs after the most approved Thomsonian, "botanic" style; while, still another, rejecting anatomy, physiology, pathology, every thing but symptomatology, still pretends to teach the very branches it rejects. Tied to their system closer than Mazeppa to his flying steed, they constantly renew the fate of Tantalus, perishing with thirst, while the water escapes through their fingers. Oh Homœpathy! how long shall common sense grieve at thy absurdities, and humanity weep over thy desolations!

With respect to the charge of "giving long credit, to swell the number of pupils," we know of but one school, and that in the northern part of this State, to which this accusation will strictly apply. With this exception, we know of no other, where such a practice obtains, except as a very rare case, and then "no long credit is given." Practical Chemistry and Pharmacy are by no means neglected in our schools;

and practical anatomy is every where deemed as of the highest importance. There is but one school, whose circular announces that personal dissection may be dispensed with, and we regret to say, that this is one that claims to be in advance of other institutions, in raising the standard of medical education—the College of Physicians and Surgeons in the city of New York. All other schools, so far as we know, make it obligatory on the student to spend, at least, one term in dissection; we trust there will soon be no exception to this rule. An erroneous impression very generally prevails, with respect to the clinical advantages enjoyed by American medical students. It is true that a large majority of them do not enjoy hospital advantages; but they have what is far better, extensive opportunities of witnessing and treating disease under the eye of their respective private preceptors. In this way they acquire a far more intimate knowledge of clinical and practical medicine, than by walking the hospital, as it is called, glancing here and there, if indeed that be possible, in a crowd, at a patient, and listening to an occasional remark as to the disease and the treatment. Such hospital attendance, and such only is practicable, while attending medical lectures, is a miserable apology for clinical teaching, and not to be compared in utility, with the private opportunities, which nearly all enjoy, for seeing and treating diseases in private practice, during the latter period of their pupilage. Now, while all our schools require at least three years study under a private instructor, in many European universities no rule, as to private pupilage exists. The candidate is required to have attended certain courses of lectures a prescribed number of times. After this, he may subject himself to an examination, and if found competent, he receives a Diploma. The same rule prevails at the Royal College of Surgeons; although the Society of Apothecaries of London, demand that the student shall have served an apprenticeship with an apothecary for five years, as well as have attended a certain number of courses of medicine before examination. Besides making pills and compounding medicines, the apprentice is expected to perform the duties of hostler, and any other menial duties which the "master" may choose to prescribe, and Dr. Dunglison says that a "youth of ordinary abilities is capable of attaining every thing taught him, in this long apprenticeship, in a single year, well spent."—(Med. Student, p. 59.) We profess to have some knowledge of the state of medical education abroad, and we fully agree with the author of last year's Report, "that our own physicians, graduates of almost any of our medical colleges, are fully equal, and in many respects, far superior to the General Practitioners of England."

Dr. Roby very truly remarks, that "a disparaging comparison has been drawn between the system of medical education in other countries and this. Admitting that American and European medical schools differ in their amount of exact training, rigid requirements and restraining discipline, considered essential to the highest grade of intellectual education, it does not follow that it is practicable or desirable to assimilate in all respects." We hope we have seen the last attempts at disparaging and disgracing the American medical profession by a committee of the National Association; hereafter, we would fain hope, that a slight effort, at least, may be made, to sustain our self-respect, if not secure the respect of others. Dr. Roby has made a good beginning.

The Report on "Medical Literature," by Dr. A. Stille, of Philadelphia, is highly creditable to his talents, as a clear and forcible writer, and one who thinks correctly on most subjects. We find nothing in it that is decidedly objectionable, or which would justify severe criticism. We are glad that the attention of the Association has been called to the subject of an International Copyright law, and we hope the matter will not be dropped, until such a law has been obtained. American Medical Literature can never flourish, as long as the best foreign works can be had for nothing.

The Report of the Special Committee "On the measures suggested in the Report on Medical Literature, for 1849," of the Committee "to memorialize Congress in favor of an International Copy-Right Law," and of the Committee on "Publication," need no comment.

The Report of the Committee on "Public Hygiene," prepared by Prof. Joseph M. Smith, of New York, is rather a scientific essay than a report on the subject. It relates entirely to the "Sources of Typhus Fever, and the means suited to their extinction." The author aims to show that the disease originates from human excretions, and to investigate the kinds and quantities of those matters concerned in its production. On the whole, it is an able essay, and will sustain the well-earned reputation of the author as a logical reasoner, and elegant writer. The appended Reports of Drs. Ed. Jarvis, of Mass. and J. C. Simonds, of New Orleans, are, however, better samples of what such a hygienic report should be, and do great credit to their respective authors.

Prof. R. N. Huston's Report on "Adulterated Drugs, Medicines and Chemicals," etc., does not contain as many facts and exposures, as we expected, from the well known ability and industry of the Chairman; and the facts which are published, have hitherto appeared in some of the Medical periodicals. We believe there is much to be disclosed on this subject, which has not yet come to light, especially in relation to

home-adulterations, and also the recent increase of foreign, spurious, deteriorated and sophisticated articles, owing to the recent relaxation in the enforcement of the inspection laws in the city of New York, by which a flood of inferior medicines, it is feared, are again deluging the country. The removal of Dr. M. J. Bailey, the recent able and fearless Inspector of Drugs in that port, and the appointment of a young, nexperienced physician to that office, has justly given rise to great dissatisfaction in the profession, and a remonstrance from the faculty and College of Pharmacy of that city, which we hope will not be without its effect.

The Report of the Committee on "Indigenous Botany," by Prof. E. Ives, of New Haven, is remarkably jejune, considering the high expectations, raised by the reputation of the Chairman. It has been supposed that a vast amount of knowledge relating to the virtues of our indigenous plants, remained latent among the New Haven Faculty, and that this appointment would draw it out to light. But the result reminds us forcibly of the fable of the mountain and the mouse. In the compass of five pages, the Chairman gives his experience on the virtues of seven plants. In this we find nothing whatever that is new. The virtues of *Cornus*, *Cypripedium*, *Epigæa*, and *Senecio*, may all be found described in Wood & Bache's Dispensatory, Lee's Catalogue of Medical Plants, Indigenous to New York, and other works. Of the *Neottia pubescens*, or cancer weed, we are told that "it has been used for cancer, lupus, &c., palliating, when it did not cure." We were not aware that we had a vegetable cure for cancer.

The *Epigæa* "is recommended to the notice of the Society, as a remedy peculiarly adapted for the cure of Bright's Disease of the Kidneys, or *any disease*, accompanied with albuminous urine!" The statements of the report are too loose and general, and the cases too briefly described, to render it of any value whatever. The same remark will apply to Barratt's "Notes on the Indigenous Plants of Abbeyville District, S. C."

The Report of the Committee on Surgery, Prof. R. D. Mussey, Chairman, is a very good one, and we shall draw largely from its pages hereafter.

We notice a paper from Dr. N. S. Davis, detailing some observations going to prove, as he supposes, that the Cerebellum has no special connection with the Sexual Propensity, or function of generation. To decide this question, he procured the brains of several bulls and oxen, all of the same age, and as near as possible, of the same general size and variety of stock, and measured the cerebellum in five different direc

tions, so as to get the dimensions of all its parts, as well as the whole cerebellum. These measurements must have been performed with great nicety, for they are given even to the 48th part of an inch, or $\frac{1}{4}$th of a line. How such extreme accuracy was possible, we are not informed. Nor are we told how many brains were subjected to measurement. "Several" is altogether too indefinite in such a case. The results are as follows: The average greatest transverse diameter of the cerebellum of the bulls, exceeded the same of the oxen, by 1–24 part of an inch. The vertical diameter of the cerebellum of the bulls, was 1–16 of an inch less than that of the oxen. The length of the vermiform process in the bull's cerebellum, was nearly $\frac{1}{4}$ of an inch less than that of the oxen, while the breadth of the same was 1–16 of an inch less. The average weight of the cerebellum of the bulls was $13\frac{1}{3}$ drachms; average weight of the cerebrum of the same $115\frac{1}{2}$ drachms. Proportion 1 to 8 3–5. Average weight of the cerebellum of oxen $13\frac{1}{2}$ drachms. Average weight of cerebrum of same, 114 drachms. Proportion 1 to 8 2–5.

The inference drawn from these measurements is, that they "effectually disprove the existence of any special connection between the cerebellum, either as a whole or in any of its parts, and the sexual appetite or function of generation."

While we give Dr. Davis due credit for his zeal in physiological science, we cannot coincide with him in the correctness of his conclusions; even admitting the accuracy of his facts. If the cerebellum be the regulator of the motor function, as well as the seat of the sexual instinct, as is now generally admitted, then the constant labor to which the ox is subjected, involving the constant exercise of his muscles, and from which the bull is comparatively exempt, ought to give this organ a larger developement, than it has in the bull, in whom the sexual instinct does not appear to be active but a small part of the year. Many statements were made by Gall respecting the atrophy of the cerebellum in castrated animals, which later researches have proved to be unfounded; still, that a peculiar connection exists betwean the cerebellum and the genital system, so far from being disproved, is now admitted, we believe, by the best physiologists. This doctrine rests rather on pathological than on physiological facts, and can by no means be set aside by such experiments as Dr. Davis has brought forward. M. Lassaigne proved by his measurements, that the cerebellum of geldings was larger than that of stallions. So far, however, from this being considered conclusive, Dr. Carpenter, who is no phrenologist, remarks, that "the increased size of the cerebellum in geldings may perhaps be

accounted for by remembering that this class of horses is solely employed for its muscular power, and that the constant exercise of the organ is not unlikely to develope its size; whilst stallions, being kept especially for the purpose of propagation, are much less applied to occupations which call forth their motor faculties. Phys. p. (359.)

We conclude, by expressing our satisfaction at the early appearance of the volume of Translations, and the valuable materials which compose it.

2—*Human Physiology. By* Robley Dunglison, M. D. *Professor of the Institutes of Medicine in Jefferson Medical College, Philadelphia, &c. &c., with nearly* 500 *Illustrations, 7th Edition thoroughly Revised and Extensively Modified and enlarged. In two volumes,* 8 *vo. pp.* 1428. *Philadelphia, Lea & Blanchard,* 1850.

This truly national work is so generally known and so widely circulated, that a particular notice or an analytical review of it is entirely unnecessary. It is and has ever been one of the most voluminious and erudite physiological works in our language. It is not the production of one man, merely; but to a considerable extent is a compilation of all that is known in this great department of Medical Science dressed in the happy and fascinating style of its eminent author. Prof. Dunglison is a voluminous writer. His works, on the Theory and Practice of Medicine, Hygiene, Therapeutics, New Remedies &c., &c., have been long known to the profession, but his master piece, that which has distinguished him above all his other works as a profound scholar and a truly great man, is that upon Human Physiology.

Respecting the value of the present, compared with the former editions of this work, we will allow the author to speak for himself.

He says. "On no previous revision of this work has the author bestowed more care than on the present In the successive editions, it was, of course, necessary to incorporate the different facts and principles, which had been added from time to time, to the science; and this rendered it difficult to preserve throughout the evenness of style, which is so desirable in every treatise, and more especially in one that is placed in the hands of so many of the younger portion of scientific inquirers. To accomplish this object, the present edition has been subjected to an entire scrutiny, not only as regards the important matters of which it treats, but the language in which they are conveyed.

To show that the author has been alive to all the physiological discoveries and observations of the present age, we quote again from his own language.

"On the whole subject of physiology proper, as it applies to the functions executed by the different organs, the present edition, the author flatters himself, will be found to contain the views of the most distinguished physiologists of all periods. The contributions to the science of life have, of late years, been rich and varied; and to collate and weigh them, and to seperate the most trustworthy and valued, has been a work of no little discriminating labour,—but to the author a labour of love, inasmuch as they are subjects which he has been long accustomed to investigate: and on which he has annually to treat before the class of Institutes of Medicine of the Jefferson Medical College."

In allusion to the completeness of the present edition he concludes by remarking that—

On no former occasion has the author felt as satisfied with his endeavours to have the work on a level with the existing state of the science; and, for the seventh time, he ventures to place it before a profession, which has already done too much honor to his efforts to be useful. His crowning desire, in all his literary undertakings, has been to facilitate the onward course of those who are pressing forword to distinction in a truly learned and difficult profession, and the reception these undertakings have met with has satisfied him, that his labours have been far from fruitless.

Issuing from the press of Lea and Blanchard it is unnecessary to say that the mechanical execution of the work is creditable. We bespeak for it, what it richly deserves, a cordial reception and a wide circulation. Sold by J. H. Riley & Co.

3—*Researches upon the Necropolis of New Orleans, with brief allusions to its vital arithmetic*: *by* Bennet Dowler, *M. D., of New Orleans.* 8 *vo. pp.* 30.

We have perused this work from the pen of Dr. Dowler, carefully, and with unusual interest. We were led to this partly from the singularity of its title, and partly to see what an able writer, could say respecting the salubrity of New Orleans climate.

Since an early period, New Orleans has been charged with being an unhealthy city, and is generally every where believed to be so, and Dr. Dowler acknowledges that this is and has been—its reputation. He says, that "it has become fashionable to regard New Orleans as 'The wet grave-yard,' the aceldama of the South, and little more than a vast Necropolis," and that the "citizens themselves admit that their own city is the most insalubrious upon the face of the earth, with a ratio of

mortality three times greater than Boston, not to mention Berlin or Bergen."

The Doctor takes issue with the public, with his own fellow citizens, and with all vital statisticians on this subject. He comes to the rescue of his beloved and much slandered city, and undertakes to show, and according to his own figures, *does* show, that the climate of New Orleans is absolutely the most salubrious "upon the face of the earth"!! There is no greater untruth, perhaps, than the axiom that figures cannot lie, and we commend to him the reasoning of Æsop, which he says is worth remembering. "Æsop having been directed to procure the best things in market for a dinner party, bought nothing but tongues, which offended his master, who, thereupon told him next time to get the worst articles, but he bought tongues again, affirming, that the tongue was, according to the use made of it, the best, and yet the worst thing known."

Provided the authors Declarations and Statistics are correct, we think he has succeeded in establishing one important fact, and that is, that the average life of the creole and acclimated population of New Orleans, is as long as in any other city in the Union. We have every reason to admit the correctness of his statements and the legitimacy of his deductions, so far as the native population is concerned, but the great question after all is, whether the establishment of the fact prove the salubrity of that or any other climate. It is certainly an evidence of its salubrity, but does it prove it? We think not. If it be true, and it is not denied, that a large proportion of the immigrant population of New Orleans, annually fall victims to the endemic diseases of that region, we surely cannot conclude that this great mortality is the result of *Salubrity*, and if not, what is it? Manifestly, it must be something peculiar to that climate.

In calculating the sanitary condition and the vital statistics of New Orleans or any other city, we are of the opinion that the whole population, native and immigrant, should be taken into the account, as one class is quite as deeply interested in the healthfulness of its climate as the other, and therefore neither should be excluded. The subject is an important one, and one which the people at the north are largely interested. This little work of Dr. Dowler contains a vast amount of valuable statistical information, for which his fellow citizens at home and abroad are greatly indebted to him.

4—*Surgical Anatomy: by* JOSEPH MACLISE, *Surgeon, with Colored Plates. To be complete in Four Parts. Part Third. Price, Two Dollars each Part. Philadelphia: Lea & Blanchard.* 1850.

The first two numbers or parts of this splendid work have been received and noticed in this Journal. Par III. is before us. It contains 26 large double column folio pages of text, or commentaries upon the parts displayed, with 16 plates highly and beautifully colored, accompanied by appropriate explanations of the Figures. These plates display all the parts concerned in External and Internal Inguinal, Femoral and Congenital Hernia, a most important department of Surgery and Surgical Anatomy. In the text we have a lucid and concise description of all the plates, exhibiting both the normal and abnormal conditions of the organs concerned in hernia.

Respecting the merits of this work, too much cannot be said in its praise. Indeed we have not the language to do it justice. The anatomy of hernia is and ever has been, proverbially intricate. With the most skillful dissections on the fresh subject, and the most perfect and elaborate demonstrations, the labor of acquiring a clear and correct understanding of the anatomy of the pelvic and hernial regions, is one of no ordinary magnitude. It forms one of the *hard tasks* of every thorough Medical Student. In the work before us, we see exhibited a representation of hernial protrusions, adjacent muscles, arteries, veins, nerves, fasciæ, peritoneum, &c., &c., in all their various aspects, with unexampled perspicuity and beauty. We have long felt the need of a work, devoted entirely to Surgical Anatomy, and we are only surprised that its execution should have been delayed so long. It will be an important addition to any medical library, and a desideratum to every physician, however limited his Surgical practice.

Sold by J. H. Riley & Co., Columbus, O.

5—*Household Surgery or Hints on Emergencies. By* JOHN F. SOUTH, *one of the Surgeons to St. Thomas's Hospital First American from the second London Edition,* 12 *mo. pp.* 280. 1850. *Lea & Blanchard.*

For many years past there has been no lack of works on *Domestic Medicine.* From time to time the public has been blessed or *cursed* with volumes emanating from the press, the productions of various authors from all the various schools, regular and irregular intended to qualify every one to be his own Doctor. We are not prepared to decide whether these works, divested of technicalities, and dressed in a popular garb are calculated on the whole to do good or harm. We are not of those who believe, that "a little learning is a dangerous

thing," a little even is better than none at all, but we very much doubt whether these books have exerted much influence for good or evil to the human race or to their readers, we are quite certain that the profession has not suffered *pecuniarily* by their diffusion among the people.

The work before us is the first that has ever come under our observation which has been devoted to a popular elucidation of Practical Surgery. The author is certainly one of the most eminent of British Surgions. His translation, commentaries, and additions to Chelius' great work on Surgery, have immortalized his name. He has done much to enrich this noble art. The present work as its title indicates is intended for popular use and so far as its execution is concerned we think he has been entirely successful. In order to give the reader a clew to the general character of the work we extract the following subjects from the table of contents.

"The Doctors' Shop, Poultices, Fomentations, Washes, Liniments, Ointments and Plasters," with directions for preparing and using all their various forms, "Blood letting, Vaccination, Tooth Drawing, how to put on a Roller, Lancing the Gums, Swollen Veins, Wounds. Bleeding, Burns, Frost Bite, Chilblains, Broken Bones, Dislocated Joints, Ruptures" &c., &c., The style of the work is colloquial and decidedly pleasing, we may say *amusing*, while it is calculated to fascinate and interest the reader. Being unexceptionably authentic in all respects we cheerfully commend it to the profession as worthy of consideration, and through it to the public.

6—*Of the Causes, Nature and Treatment of Palsy and Apoplexy. Of the Forms, Seats, Complications and Morbid Relations of Paralytic and Apoplectic Diseases. By* James Copland M. D. F. R. S. &c. &c. &c., 12 *mo. pp.* 326. *Philadelphia: Lea & Blanchard,* 1850.

The author of the above work is perhaps the most voluminous and among the most authentic Medical writers in the English language. This work is not entirely a new production.

"A consiberable part of it was published many years ago in the first and third volumes of the Author's Dictonary of Practical Medicine, and several of the Chapters on the connection of Paralytic and Apoplectic seizures, with other disorders, formed the Croonian Lectures, for 1846 and 1847, at the Royal College of Physicians. The Author now publishes the whole in a connected form, believing that palsy and apoplexy should be studied in intimate connexion not only with each other, but also with other diseases, of which they are often the consequences and terminations, and with other affections which are frequently associated or complicated with them."

The profession is indebted to Dr. Copland and the American Publishers for this neat volume which presents the very important subjects of palsy and apoplexy in so convenient, complete and readable a form that few Physicians will long be without it. For Sale by J. H. Riley & Co.

7—*Elementary Chemistry, Theoretical and Practical. By* GEO. FOWNES, F. R. S., *Professor of Practical Chemistry in University College London. Edited by* ROBERT BRIDGES, M. D., *Professor of Chemistry in the Philadelphia College of Pharmacy etc. Third American from a late London Edition with numerous wood engravings. Philadelphia: Lea and Blanchard.* 8. *vo. pp.* 515.

As a text or class book of chemistry for students this work is probably the best one extant, in the English language. Its former editions have for several years been in the hands of the profession, consequently it is unnecessary to display anything like a synopsis or critical review of it. The work contains a concise comprehensive and systematic view of the science of which it treats, and may be safely recommended as the one best adapted to the wants of the medical student. Sold by J. H. Riley & Co. Columbus, O.

PART FIFTH.

EDITORIAL.

VALEDICTORY.—Leave-takings are always painful—*we* have a constitutional dislike to such ceremonies, and always shirk them when we can. But yesterday we said adieu to the class of Starling Medical College, it remains to make our respectful bow to the readers of the Ohio Medical and Surgical Journal; a disagreeable step we have sometime foreseen would have to be taken, and which loses none of its bitterness by being postponed. We had flattered ourselves that we might have continued to edit this periodical at least until the end of the present year, but so multifarious are our duties as Superintendent of Ohio's noble charity, that we have not found it possible to devote that time to the business we consider absolutely necessary, if editing is to be well done. This we regret the more, as it ever has been a labor of love with us. Should we live a hundred years, we should look back upon every hour devoted to the management of this Journal, with uncommon satisfaction. Although its editors and proprietors have been members of the

Faculty of Starling Medical College, all party medical politics have been sedulously avoided, its pages have been equally open to all, and every endeavor has been made to earn the title of the *Ohio* Medical and Surgical Journal. We believe, and trust, that the profession of central Ohio, to judge by the very liberal support they have afforded it, will bear us out in these assertions; nor has abundantly complimentary notice from many quarters, deserving of respect from even the highest authority, been wanting.

These reflections, however, but add poignancy to the feelings of regret with which we now take leave of our readers as editor, though we intend—God willing!—now and then to play the part of contributor. Our implements editorial—scissors and pen—we now hand over to our successor, R. L. Howard, Professor of Surgery in that same College, in which whilom we did lay down the laws of healing art divine, and hereby transfer to him our whole interest in the enterprise, well knowing that he will so handle the former as to advance the latter far beyond the point we have been able to reach; and thus we bid our readers gratefully farewell.

S. HANBURY SMITH.

Introductory.—"Progress" is the order of the day. It is the manifestation of the all pervading spirit of the age. The entire world is on the *advance*. The sciences are daily enriched by the most wonderful discoveries, and the arts are making rapid strides towards perfection. Politics are turning the world upside down and political parties are becoming more and more "progressive." Old things are passing away and behold all things are becoming new. This is well. No lover of his race would raise a finger to obstruct the onward march of science, arts and letters. Not so at all times with *change*. Frequent changes in the organization or management of any system or enterprize are generally disastrous. They serve to violate their integrity, undermine their usefulness, and weaken the confidence of the public in their stability and permanence. For these reasons with many others equally potent, we have reluctantly consented to assume the responsibilities of Editor of "The Ohio Medical and Surgical Journal." Nothing but imperious necessity could ever have induced us to appear before the Medical Profession as Editor, and even now we would most promptly shrink from the task were it consistent with the life and success of the Journal.

Two years and a half have elapsed since the Ohio Medical and Surgical Journal was established under the auspices and editorial management of the lamented Butterfield. It was believed by him and its

friends who acted with him that a Medical Journal was needed at the Capital of our great and flourishing State. That the Ohio profession numbering about four thousand Physicians and Surgeons would patronize and sustain a central organ if conducted in a proper manner, and make it the medium through which many of its talented members would transmit the results of their observation and experience to the world. The experiment was tried and while number after number was issued with some degree of doubt as to its reception at the hands of the profession—at the close of the first year the friends of the enterprise were gratified at the result. It had nearly paid its actual expenses. With very little effort it found its way to a great number of generous patrons in every portion of the State and country. It was read with avidity and esteemed by the most competent judges as one of the best Medical Journals in our Union. Its success *then* is not *now* a matter of surprise. It was due to the rare qualities of its distinguished Editor. Few wielded a pen with such magic power. His style, easy, graceful and enchanting, like the limpid rivulet that plays and sparkles effortless along its pebbly bed, charmed the reader and excited in him at once admiration and love for its author. But while the Journal was finding favor everywhere, securing troups of friends and unfolding its fruitful pages to its admiring patrons, the "days" of Prof. Butterfield "were in the yellow leaf." His useful career on earth closed with the first volume of his beloved Journal.

Soon after the decease of Prof. Butterfield its editorial management was confided to Dr. S. Hanbury Smith, who had been recently elected Professor of Practice in Starling Medical College. Of Dr. Smiths talents as a writer, and of his reputation as a finished scholar, it is unnecessary to speak to our readers. Having consented to comply with a call, to take charge of the Ohio Lunatic Asylum, he was compelled to resign his editorial labors, for which, by nature and education he seemed peculiarly fitted. While, however, in this change, the Journal has sustained an irreparable loss, that extensive State Institution, placed under his control, will be an immeasurable gainer and will doubt ess soon exhibit the influence of his talents and industry. We congratulate the people of the State of Ohio, this class of unfortunates, and the medical profession, whose offspring this Institution more especially is, upon this most judicious appointment.

In entering upon the editorial duties of this journal, so far as our own literary labors are concerned, we cannot promise *much*. It is a field of labor, to us entirely new. We expect to draw largely upon the indulgence of our patrons, but as time advances, and we become more

accustomed to the scissors and the pen, we hope to tax them less heavily. Of one thing our readers may be certain, and that is, that our utmost endeavors will be exerted to make a good Journal. A goodly number of our most talented writers, have pledged themselves to contribute statedly to its pages. Others we doubt not will unite in this pledge: we invite contributions from all. Our Journal was established for, and must be sustained by the western profession. Without its patronage, it must go down. However wide its circulation, and abundant its means, without contributions it will be useless. To publish fragments from other journals alone, is a most miserable and thankless drudgery. When ours is reduced to a mere *echo*, or reprint, it shall be discontinued. Voluntary contributions, are respectfully solicited, and will be gratefully received. They will contribute to swell the sum total of useful Medical knowledge, and react, in various ways, most hapily upon the authors themselves.

Travels in Europe, &c.—Dr. J. V. C. Smith, Editor of the Boston Medical and Surgical Journal, is now on an eastern tour. We have read his letters, published in his journal, with the highest degree of interest. We apprehend, that in due time, the profession will be favored with a book, containing an account of his travels, and observations in the east. The Dr. states, that the cholera has prevailed to an alarming extent on some of the Islands of the Mediteranean, at Cephalonia, and in many other parts of the Old World. Is it possible, that this terrible epidemic, is about to spread again over the continents of Europe and America.

Another Medical College in Embryo.—We see by an advertisement in the Illinois Herald, that six of the physicians of Peoria have associated themselves for the purpose of giving a course of Medical lectures the present winter, to such physicians and students as are disposed to listen and learn. We infer from this announcement that the interests of the Ill. profession and the convenience of its students demand the establishment of another Medical College in that State in which there is now but one, and that in the northern part at Chicago. Its faculty seem determined to outstrip that of its older rival in one very essential respect. The lectures are all *gratuitous!* Should they in a chartered capacity, conclude to abrogate the fee system altogether, we shall congratulate our Chicago friends upon having set so good an example. May success attend their efforts.

"Pittsburgh Medical Institute."—The foregoing is the title of an announcement issued by five physicians of Pittsburg; Drs. Snyder, McCook, King, Brooks and Elliott, who have associated themselves for the purpose of imparting professional instruction to students of that city and vicinity. They say, "it is not designed that the Institute shall be a chartered College, or that its advantages shall be substituted for those of such an Institution." We apprehend, however, that this is but a stepping stone to the organization of a "chartered college," to which we do not by any means object, as the profession of Pittsburg have as good a right to enjoy the advantages of a Medical School as that of any other city. We wish them God speed.

☞ The New York Medical Gazette says, that "Dr. Detmold, of this city, has recently applied the actual cautery, in a case of Carcinoma Uteri, and has the patient still under treatment.

"Professor Parker, in an obstinate case of Cystitis, at Bellevue Hospital, with the view to give rest to the bladder, has recently cut down as in the lateral operation of Lithotomy, and made a vertical incision into the bladder. This experiment may be unprecedented, but is possibly defensible by the success of Dieffenbach and others in Germany, in an analogous operation for fistula in perineo, in which, by allowing the urine to pass off through the artificial opening made by the incision, the fistulous canal has been closed. Dr. P. is very strenuous in his advocacy of the theory that *rest* to an inflamed organ is the first condition of cure, the hypothesis which is supposed to justify the opium practice in enteritis and pneumonia. This case, however, is probably the first instance in which an inflamed bladder has been opened through the perineum, for the single object of securing rest for the diseased organ, and its result may teach a salutary lesson in therapeutics, as well as surgery."

Professor, M. M. Pallen's Address, before the class of the Medical Department of Saint Louis University, has been received. It is a decidedly spirited address, but for our taste, it is a little too highly wrought, bordering slightly upon the sophamorical, and yet, it evinces a mind highly cultivated and imaginative. The following in style is a pretty fair specimen of the whole address.

"But when Philosophy of such materials constructs a science, the art advances with gigantic strides. It marshals the stary hosts, arranges the planets and satellites into the glorious system of worlds, which fills the immensity of space—it calculates their changes, studies their motions,

and makes them serve as eternal "light houses in the skies," to guide the mariner on the trackless deep. Were it necessary to erect another Cheops as a sepulchre for the mighty potentate, instead of condemning a hundred thousand laborers to constant toil for twenty years, science would pile the huge stone, one on another, in a comparatively short time, by the combustion of four hundred and eighty tons of coal.'

The object of Prof. Pallen, is to prove, that the exercise of reason is equally important with that of observation in scientific researches. That the latter, is of but litte value without the co-operation of the former. His conclusions are rational and well founded. Reason and observation should, even in Medicine, as well as in all other departments of knowledge, walk hand in hand.

Dr. Metcalfe exhibited to the N. Y. Pathological Society, a specimen showing the process of "spontaneous amputation in utero." This specimen was a leg which had been entangled in the umbilical cord, and nearly severed at the junction of the lower with the upper two thirds. The soft parts were divided entirely and apparently cicatrized.

Professorial Changes.—Paul F. Eve, Professor of Surgery in the Medical College of Augusta Georgia, has been appointed to the chair of Surgery in the University of Louisville, in place of S. D. Gross, resigned. Dr. Dugas, is transferred to the chair of Surgery vacated by the resignation of Dr. Eve. Prof. Valentine Mott has been elected Emeritus Professor of Operative Surgery in the College of Physicians and Surgeons of New York.

☞ In the number of the North-western Journal for November, 1850, appeared an article headed "editorial etiquette," which we here reproduce.

"We owe the *Charleston Medical Journal* an apology for the omission of credit for an article in our last issue. Probably from neglect, quite a number of such omissions occur in our exchanges of late, in reference to original matter taken from our pages. Most of these are placed in their extract departments showing that they are not original, and we will not specify them. But we observe in the New York Medical Gazette our editorial notice of the Concour held in Rush Medical College for Demonstrator of Anatomy, without any thing to show that it was not makin its first appearance there. And in the Ohio *Medical and Surgical Journal* our article on the use of Collodion in Erysipelas,

by Dr. Freer, looked so much like an original one that the New Jersey Medical Reporter copied and credited to that journal. This is the second complaint of the kind we have made against the last named journal within a year."

Had the writer of the article merely taken the trouble to refer to the number of this Journal from which Dr. Freer's article was copied by the New Jersey Reporter, he would have seen that said article was properly placed in the extract department, headed "American Intelligence," although it did not happen to be credited to its source by one of these accidental omissions, so very difficult to guard against especially when as in our case, a new setter has been engaged on almost every number of the Journal during the last eight months. So much for the *second* complaint. We have looked over the North-western for the last year, but for the life of us have not been able to find the *first*. If it exists anywhere, we are sure it can only have referred to some similar omission. We are much vexed when we give occasion for complaints on such scores as these; they are however *so palpably* mere errors of accidental omission, that we feel very like finishing our apology for them with the French saying "beaucoup de bruit pour une omelette." S.

☞We are requested, by Dr. Flint, the able Chairman of the Committee on Practical Medicine, to give the following a place in our Journal. We do so with pleasure, and ask of our readers special attention to it:

Committee on Practical Medicine of the American Medical Association.—The undersigned, Chairman of the Standing Committee on *Practical Medicine*, appointed by the American Medical Association, May, 1850, respectfully solicit the co-operation of members of the Medical Profession in furnishing materials for the Annual Report in May, 1851. The duty of this Committee, as defined by the Constitution of the Association, is to "prepare an Annual Report on the more important improvements effected in this country in the management of individual diseases; and on the progress of epidemics; referring, as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, or in the United States generally, during the term of their service." In order to fulfil the objects thus expressed, the requisite data must be supplied by medical practitioners in different sections of the Union. This is more particularly true with reference to the "*progress of epidemics*" and "*the character of prevailing diseases in special localities.*" Communications, therefore, are particularly desired from persons residing in places in which epidemics have prevailed, or in which

prevailing diseases have been marked by special characters during the present year. Epidemic cholera and dysentery are known to have prevailed more or less extensively in different parts of the country during the past summer. Facts bearing upon the features peculiar to the present season, the production, diffusion, mortality, treatment, etc. of these diseases, will be acceptable. It is requested that communications upon these or any of the subjects coming under the cognizance of the Committee, be transmitted to the undersigned by the first of March, 1851.

All contributions with which the Committee may be favored, will receive due attention and acknowledgment.

AUSTIN FLINT.

Buffalo, New York, Nov. 1850.

A New Medical Journal.—We have received the prospectus of a new Medical Journal, entitled "The Stethoscope; or, Virginia Medical Gazette," to be published monthly, at Richmond, Virginia, at 3 dollars a year, under the editorial management of P. Claiborne Gooch, M. D. Under the old form, we ever indulged an exalted opinion of this useful instrument, the Stethoscope, and now that it is to be manufactured on a large scale, of paper, and transmitted through the Post-Office at a very moderate rate, we see no reason why any member of the Virginia profession, at least should not be *au fait*, in "physical signs." We already have a "Scalpel," a "Probe," and several "Lancets," composed of the same material, and we find them a decided improvement. We hope soon to have before us the whole Armamentaria of Medicine and Surgery. Virginia needs a Medical Journal, and her profession will sustain one. We cheerfully place "*The Stethoscope*" upon our exchange list, and say to our brother Gooch, "Hear, hear."!!

☞ We find the following going the rounds in our political newspapers. The facts set forth are not by any means well authenticated—yet they may be true. Our readers can have them for what they are worth:

Astounding Freak of Nature.—On Friday last, an old lady, aged 81 years, died at Lawrenceville, of a disease of the bowels. A few days prior to her death, it was discovered that a tumor existed in her abdomen, and on being asked whether she was willing to have her body opened after death, for the purpose of ascertaining the nature of the tumor, she assented.

Accordingly, immediately after her death, a post mortem examination was held, and a bony substance of an oval shape was removed,

Upon sawing through this, it was discovered that the ossified covering was but thin, and that within it was contained a fully developed female child! So perfectly formed was the child in all its parts, that no difficulty, whatever, was found in deciding upon its sex at once, and from facts afterwards learned, the woman must have carried that infant for forty years!

The circumstances which sustain this supposition are these: Her niece, with whom she lived with up to the time of her death, distinctly recollects that at one time, her aunt supposed herself to be *enciente*, and went so far as to make all the preliminary preparations for the expected little stranger; but to the astonishment of all, the infant was never born. About this time her husband died, and from that period until her death, her general health was good, and she experienced no inconvenience from the presence of the supposed tumor.

The above statement is one of simple facts. The most astonishing part of the whole story is, that a highly respectable physician, assures us that the child bore signs, of at least, a probable recent living existence! We shall not comment on this matter, as we understand, a full statement of the circumstances will soon be published.—*Pittsburgh Jour. Com., Ath.*

☞ We doubt not the following will be found an interesting item of intelligence to our readers. It is certainly a curiosity in its way:

The Way the Doctors Charge in California.—"The following bill is copied from a pamphlet, entitled "Constitution, By-Laws and Fee Bill of the San Francisco Medical Society, organized June 22, 1850."—*San Francisco Herald.*

FEE BILL OF THE SAN FRANCISCO MEDICAL SOCIETY.

For a single visit, or advice, in a case in which no further visits are required	$32
For each visit in regular attendance, or for advice at his office	16
Every necessary visit on the same day to be charged, whatever their number, at the same rate.	
When detained, for each hour	32
For a visit at the time appointed by the patient or his friends, during the day time	32
For a written opinion, or advice, to a patient	50 to 100
For a visit at night	30 to 50
For a visit as consulting physician, during the day time	32
The same fee shall be paid to the attending physician	32
For a visit as consulting physician, during the night	100
For visiting distant patients, $10 to be charged for every mile from the city	
For visiting patients on board vessels in the harbor	20
For an opinion involving a question of law	150
For a *post mortem* examination in case of legal investigation	200

For a *post mortem* examination, made at the request of the family or relatives of the deceased person	200
For a certificate of the state of health of an individual	100
For vaccination	50
For a case of ordinary labor	32
For the application of the forceps	150
For the operation of turning	300
For reducing fractures and the first dressing	500
For reducing recent luxations	50 to 100
For reducing old luxations	32 to 100
For removal of stone from the bladder	100 to 200
For the operation for the radical cure of hydrocele	500 to 1000
For the operation for vesico-vaginal or recto-vaginal fistula	100 to 200
For the operation for phymosis or paraphymosis	500 to 1000
For the introduction of the catheter in ordinary cases	50 to 100
For the introduction of the catheter in cases of obstruction	16 to 32
For division of stricture of the uretha	100 to 200
For the operation of tracheotomy	300
For the operation for imperforate anus, vagina, &c	500
For the reduction of hernia, by taxis	500
For the extirpation of tonsils	100 to 200
For the introduction of the stomach pump in cases of poison	100
For removal of foreign substance lodged in the pharynx or œsophagus	100 to 150
For reduction of prolapsus ani	100 to 200
For examination per anum or vaginum	50 to 100
For introduction of a seton, or forming an issue	50 to 100
For tapping in ascites or hydrothorax	32
For the amputation of a leg or arm	100 to 500
For amputation at the shoulder joint	300
For amputation of a finger or toe	500
For the extirpation of tumors	100
For trephining	100 to 1000
For the operation for cataract	1000
For other operations of the eye and its appendages	1000
For the operation for aneurism of the subclavion, carotid and femoral arteries	100 to 1000
For the operation of strangulated hernia	500 to 1000
For the operation for hare-lip	500 to 1000
For the operation for fistula in ano	250 to 500
For the operation for hemorrhoids	300
For palliative operation for hydrocele	300
Incurvation of the nail	50
	50 to 100

Died, at Brandywine Springs near Philadelphia on the 20th of August, Dr. Joseph Hartshorne, aged 71 years.

Dr. Hartshorne was one of the oldest and most eminent physicians and Surgeons of Philadelphia. He was actively engaged in professional duties until a short period before his death. The virtues of his character and his professional skill were held in the highest estimation by his brethren and associates.